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An Investigation of the Relationship Between Assertiveness, Sex-role Values, Fantasy, Sexual Beliefs and Sexual Satisfaction in Females

by

(C) Rosalyn Delehanty

A THESIS

SUBMITTED TO THE FACULTY CF GRADUATE STUDIES AND RESEARCH

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in partial fulfilment of the requirements for the degree of

Master of Education

Supervisor

Date 25 April 1980

Dedicated to --

John, Megan, and Brendan

Abstract

This investigation of several psychological correlates of orgasm rate and orgasm satisfaction in women is an exploratory survey of a relatively normal population of university and non-university women. Sex-role values, assertive responsiveness, anxiety with assertion, use of fantasy, and the belief systems of women were measured and related to high and to low levels of orgasmic rates and orgasmic satisfaction levels. The results indicate that no association could be demonstrated with the exception of an association between the beliefs women hold and their reported satisfaction with their extra-coital orgasmic rates. Further analysis of additional data suggests a relationship between high levels of sexual satisfaction and both the belief systems women hold as well as their assertive responsiveness. An association between fantasy usage and masturbation practices was also suggested. Correlational data indicate an association between sexual satisfaction in women and the amount of extra-coital lovemaking they engage in may be significant.

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CHAPTER I

Introduction

Statement of the Problem

> ...Coitus of itself appears a biological and physical activity, (but) it is set so deeply within the larger context of human affairs that it serves as a charged microcosm of the variety of attitudes and values to which culture subscribes (Millet, 1973, p. 162).

Counselors today are faced with the necessity of dealing with complex relationship concerns in a changing society. In the last decade the rate of divorce has nearly doubled according to U.S. Census Bureau figures ("Divorce Rate Soars", 1980). The effects of marital break-up and the effects of the difficulties in many marriages of coming to terms with sex-role changes involves concerns for the child, the child-adult relationship, and the adults.

Of these complex concerns, this study will focus on one of the issues that appears to be a growing one. The role of the sexual aspects of a relationship as a focus of concern in intimate relationships appears to be increasing (Franks & Wilson, 1974). Whether this indicates a growing problem or simply a re-definition of the problem area or, perhaps, a greater willingness to discuss and seek help for sexual problems remains uncertain (Lobitz & Lobitz, 1978).

Cne of these sexual concerns for women, as well as their partners, is the lack of satisfying sexual experience. This lack is associated in many instances with a low level or complete lack of orgasmic response in a woman (Kilmann, 1978). This condition appears to be more prominent in women than men. Approximately 30% of married women do not ever attain orgasm or do so only occasionally (Fisher, 1973; Gebhard, 1978; Hunt, 1974; Kinsey, 1953; Morokoff, 1978).

While an orgasm itself may comprise only a part of a sexual experience, it is often thought to be a significant pleasurable element of such an experience. The lack of orgasm or dissatisfaction with the low level of orgasm may then be felt as a significant lack within a sexual relationship or sexual experience. The almost magical powers attributed to becoming orgasmic (Kaplan, 1974) and the feelings of inadequacy and depression observed in many women who attempt to obtain help with an orgasmic problem (Masters & Johnson, 1970; Munjack & Staples, 1976) attest to the centrality of orgasm as a specific experience of importance for some, though perhaps not all, women.

Although both physical and psycho-social causations are said to exist, the specific reasons that women fail to be orgasmic have not yet been well defined (Barbach, 1975; Kaplan, 1974; Masters & Johnson, 1970). It is estimated that organic or physiological factors may account for 3% to 20% of orgasmic dysfunctions (Kaplan, 1974). The data known to date suggest that the physiological nature of an orgasm is that of a

reflex action which is largely controlled by the (autonomic) para-sympathetic nervous system (Kaplan, 1974). It is consequently impossible to will it to occur but its occurrence can be readily inhibited by competing autonomic nervous reactions such as anxiety, fear, and anger. The origins of the competing or inhibiting responses may then be "the variety of attitudes and values to which a culture subscribes" (Millet, 1973, p. 162) and to which each of us carries with us to a greater or lesser degree in the cortex--or in whatever repository of attitudes, values, or behavioral response tendencies one subscribes.

A wide variety of psychological, demographic, sociological and physical factors have been proposed as relating to satisfaction with sexual experience and/or orgasmic rate (Fisher, 1973). From among these many factors, this study is focusing on several aspects of behavior and cognition which have received some attention in the clinical literature. Among these are the rate of and degree of comfort with assertive behavior (Kaplan, 1974; Munjack & Oziel, 1978), sex role values (Kaplan, 1974; Sayner & Durrell, 1975; Steinmann & Fox, 1974), beliefs about sexual interactions (Barbach, 1975; McCary, 1971; Zilbergeld, 1978), and the use of fantasy (Flowers & Booraem, 1975; Hariton & Singer, 1974).

The capacity to be assertive and to be comfortable with one's assertive behavior in a sexual relationship appears to be a component of the communication skills frequently seen to be deficient in people with sexual dysfunctions (Barbach, 1975; Kaplan, 1974). The capacity to take action

necessary to obtain satisfaction of one's needs (whether this be orgasm or other desired goal) and to do this without an exaggerated fear of offense or with a realistically calculated risk of a negative reaction may be a capacity that is specific to a particular situation or a fairly widely generalized tendency (Gambrill, 1977). However, both the fear of rejection noted by Bardwick (1975) as a reason given by women for engaging in intercourse as well as the disparity in physiological reactions in males as compared with females within a sexual interaction suggests an assertive component may be crucial to orgasmic and/or sexual satisfaction. If a physiological difference in arousal response exists (whether for biological or psycho-social reasons) it may become necessary for the female to state her needs in a situation where a male's projection of his own needs to his female partner is likely to be inaccurate.

The needs of a woman as well as her perception of her rights to have those needs met within a sexual relationship relate to her perception of her sex-role. Cultural sex-role values appear to be changing in the direction of granting a greater degree of equality and independence to women (Steinmann & Fox, 1974). A greater emphasis on the right of a woman to establish and satisfy her own goals relative to those of her partner and family appears to have coincided with a greater degree of sexual responsivity since 1900 (Hunt, 1974). Whether this general societal trend can be expected to discriminate among individual women is uncertain. It may be that the partnership interaction is a more significant

variable than the particular level of traditional versus liberal sex-role values held. Morokoff concludes from her recent review of the determinants of female orgasm that

> ... until our society settles into a comfortable conceptualization of how men and women should relate to one another, particularly on a sexual level, a sizeable percentage of women will experience dissatisfaction with their sex lives. (Morokoff, 1978, pp. 163-4)

A third focus of this investigation, that of the extent to which women hold beliefs which tend to be potentially inhibiting to orgasmic response, is taken from a variety of sources. The need for de-mythologizing the belief systems of people in any area of sensitive and intimate behavior that is generally not open to the usual avenues of social verification is repeatedly emphasized (Masters & Johnson, 1970; Zilbergeld, 1978). The success of programs aimed at providing people with accurate sexual information and expectations regarding sexual interactions suggests that the frequency of inaccurate information remains high even in our "liberated" society. The investigation of the incidence of specific beliefs felt by experts to be associated with a low orgasmic rate is consequently of some value in determining factors associated with orgasmic and sexual response.

The proposal that use of imagery or fantasy as a fourth variable in this investigation as a contributing factor to orgasmic response and sexual satisfaction stems both from the extensive use of imagery in the behavior modification repertoire as a means of desensitizing anxiety

responses as well as Singer's (1974) research into the use of imagery as a means of enhancing one's affective experience and becoming aware of one's more feeling experience (as opposed to more cognitively labelled intellectual experience). The use of fantasy in behavior modification programs such as Wish (1975) suggests that the specific use of fantasy and training in the use of fantasy has been considered a useful tool in increasing orgasmic response. Hariton and Singer (1974) suggest that fantasy may be used adaptively to increase arousal or to decrease awareness of an aversive external stimuli. Again, with a consideration of differences in male and female arousal patterns within a sexual interaction together with an apparently cultural emphasis on being the nurturant self-sacrificing female who sees expression of self-serving sexual desires as potentially damaging to her partner relationship, the potential of a greater orientation to the use of fantasy may have adaptive capacities to aid sexual arousal in a non-anxiety producing manner.

The four foci of this study may be seen as being composed of a mixture of both more internal cognitive components such as an individual orientation to the use of fantasy, the belief systems that may be the result of cultural learning, and the anxiety state associated with expression of assertive behavior as well as components that may be characterized by a greater element of reaction to external elements such as one's assessment of one's partner reactions within the sex-role relationship and the degree to which one is comfortably able to assert one's sexual

(and possibly non-sexual) desires.

The Purpose of the Study

The purpose of the study is to investigate the association between four dimensions of reported sexual behavior and five reported measures of other behavior. Specifically, the study will consider the association between the frequency of and the satisfaction with the orgasmic response in women within a partner interaction and the following five reported variables: (a) assertive responsiveness, (b) degree of comfort with assertive behavior, (c) sex-role values, (d) beliefs about sexual interactions, and (e) use of fantasy.

The questions may be stated as follows:

1. Is there an association between reported frequency of orgasm during coitus and the following five reported variables:

    a) Rate of assertive behavior.

    b) Comfort with assertive behavior.

    c) Sex-role values.

    d) Beliefs about sexual interaction.

    e) Use of fantasy.

2. Is there an association between reported satisfaction with frequency of orgasm during coitus and the following five reported variables:

    a) Rate of assertive behavior.

    b) Comfort with assertive behavior.

    c) Sex-role values.

    d) Beliefs about sexual interaction.

e) Use of fantasy.

3. Is there an association between reported frequency of orgasm through extra-coital stimulation within sexual relations with one's partner and the following five reported variables:

a) Rate of assertive behavior.

b) Comfort with assertive behavior.

c) Sex-role values.

d) Beliefs about sexual interaction.

e) Use of fantasy.

4. Is there an association between reported satisfaction with frequency of orgasm through extra-coital stimulation within sexual relations with one's partner and the following five reported variables:

a) Rate of assertive behavior.

b) Comfort with assertive behavior

c) Sex-role values.

d) Beliefs about sexual interaction.

e) Use of fantasy.

The review of literature in the following chapter will cover the literature on the five variables specified in each hypothesis as these appear to be related to orgasm in women. Unfortunately, very few studies focus on satisfaction with orgasmic response (Kilmann, 1978). The primary emphasis in the review must, consequently, be on the relationship between orgasmic rate in women and their sex-role values, comfort with assertion, assertive responses, use of fantasy, and belief system.

Definition of Terms

Assertion - all socially acceptable expressions of personal rights and feelings

Extra-coital - outside coitus

Fantasy - imagination, especially when unrestrained

Masturbation - self-stimulation of the genitals through manipulation

Orgasm - the peak or climax of sexual excitement in sexual activity

CHAPTER II

Sex-role Values and Orgasmic Response

It has been noted by Margaret Mead that sexual responsiveness may be viewed as a potential human trait which a culture may either inhibit or encourage by the values it promotes (Chall, 1961; Morokoff, 1978). The acceptance of a role within a culture is said to incorporate both a set of expectations (beliefs, cognitions) regarding what behavior is appropriate to that role as well as a set of behaviors that are assigned to that role (Sarbin, 1968). The socialization practices that provide males and females in our society with a set of values regarding what is appropriate or inappropriate to their sex-role functioning appear to include a wide variety of prohibitions and admonitions regarding sexuality (Elias & Elias, 1975; Farrell, 1975; Faulk, 1973; Fisher, 1973; Gebhard, 1978; Gornick, 1978; Grant, 1972; Janov, 1974; Kaplan, 1977; Levay & Kagle, 1977; Lydon, 1970; Morokoff, 1978; Steinmann & Fox, 1974; Zilbergeld, 1978).

Historically, major changes have taken place in what has been considered appropriate sex-role behavior since Victorian times (Hoffman, 1977). The question of concern in this study is whether there is a difference between women with more traditional as opposed to more liberal sex-role values on their rate of and/or satisfaction with orgasmic response.

Because research into orgasmic behavior is a relatively recent phenomenon, a review of changing behavior patterns must depend on historical and cultural references in the early part of the century.

To be orgasmic or to evidence interest in sexual contact was presumed, for the Victorian woman, to be a defect in character (Chall, 1961). The Surgeon-General of the United States in 1910 is reported as estimating that only about 1/10th of women felt the slightest pleasure with coitus (Hunt, 1974). Freud opened the door to a dramatic change when his psycho-sexual theory of development equated the capacity of a woman to have coital orgasm with healthy development. Reich echoed this change "Psychic health depends upon orgastic potency ..." (Reich, 1973, p. 6). This affirmation of the appropriateness of orgasmic pleasure was, however, limited to circumscribed conditions. Healthy women were to enjoy only coital orgasm -- an enjoyment that was in keeping with the submissive, dependent position of a woman needing male help to establish her sexuality (Shulman, 1971).

Survey research into the actual orgasmic behavior of women did not begin until well into the 20th Century. The changes taking place in the cultural concept of women's sex-roles was thought to be consistent with a greater capacity to acknowledge and enjoy her sexuality. Of the earliest surveys, Hamilton's 1929 survey (Morokoff, 1978) indicated that 54% of women were "normal" which meant they had orgasms between 20% and 100% of the occasions in which they had coitus. Clitoral orgasm was

reported by 5%. The 41% of women judged "inadequate" had orgasms in less than 20% of their coital experiences. This reporting seems to reflect Freud's view of orgasm as necessarily tied to coitus and normal development. Terman is reported to have been surprised to find in his 1938 study of women that the proportion of women experiencing orgasm was not increasing despite substantial changes in the status of women in society (Morokoff, 1978). By the time of Kinsey's 1953 survey, however, the decade of a woman's birth was one of the strongest predictors of orgasmic level.

Hunt's (1974) more recent study seems to point to a continuation of a change in orgasmic response with cultural changes in women's sex-role position. He asserts that orgasm regularity increased in direct ratio to the progress of the twin liberations -- the sexual and the female -- over a period of three generations.

But while this association between the phase of the sexual revolution women grew up in seemed to be related to orgasmic response for a time, Morokoff's (1978) recent review suggests that this relationship is decreasing in recent years. The year of birth or period during which a woman grew to maturity in is still predictive of orgasmic response but may be less so than previously.

What the association is between a shift in sex-role values and/or expectations and orgasmic response has been viewed in a number of ways. Maslow (1970) concludes that in healthy loving relationships, no sharp

differentiation is made between the roles and personalities of the two sexes. The assumption is not made that the female is passive and the male active, whether in sex or anything else. With greater equality in sex-roles then there is less a need for a woman to be the pleasure-giving rather than the pleasure-getting partner. Fisher (1973) also links an increase in liberated view of sex-role with a greater potential for orgasm. He suggests that more self-sufficient women have less fear that a male will desert or abandon them and can consequently concern themselves with their own pleasure in sexual interactions. Fisher did not, however, find any relationship between feminine traits (as conventionally defined) and orgasmic capacity. He hypothesizes, nevertheless, that our child-rearing practices may have an "anti-orgasm vector" for girls. He points out that girls are more often disciplined with threats of withdrawal of love while boys are punished in more direct overt ways. The fear of acting in such a way as to threaten a significant relationship is, then, presumably a stronger fear for women.

Gebhard (1978) also sees the move away from traditional sex-role values as related to orgasmic potential. He agrees with the feminist position that the unashamed pursual of orgasm is a symbol of a woman's being accepted as a human of equal status and a human with her own sexual needs.

Steinmann and Fox (1979) have demonstrated a shift of sex-role values from 1955 to 1976 that is a shift towards a self-orientation and

away from an orientation which gives priority to the goals of husband and family. The question of whether a cultural lag must be expected in changing behavior that might stem from an attitudinal shift is relevant here. The probability that a generation or more is needed for a major cultural attitudinal shift to show up in behavior has been argued (Saflios-Rothchild, 1977; Sarason, 1973). Morokoff (1978) suggests also that although major changes have taken place with respect to the expectations for female orgasm, there is a need for greater examination of the cultural expectations for ways in which orgasm will occur.

The possibility of sex-role values that effectively decrease the orgasmic response as an expected concomitant of liberated sex-roles has also been proposed. Kelman (1974) suggests that insufficient attention is often given to conflicting attitudes that need resolution before a translation to consistent behavior can be expected. The research data of Steinmann and Fox (1974) appears to demonstrate the ambivalence and suspiciousness of both males and females regarding their apparent changing sex-roles. The women in their cross-cultural studies do not accept at face value men's acceptance of women's equality. Many women expressed the belief that men were voicing values they were expected to have but "deep down" did not really hold. This lack of trust in an overt liberalism that is not demonstrated in behavior is also discussed as a major dilemma in defining our current sex-roles with comfort by Farrell (1975). He states "the overt liberalism expressed towards crying is like

the overt liberalism once expressed by northern whites toward integration: people were free to do it until they did" (Farrell, 1975, p. 71). Paraphrased that might read, "she is free to set her own goals as long as they don't interfere with mine".

The anxiety stemming from acting on more self-oriented values has been proposed as inhibiting orgasmic response as well. DeMartino (1974) feels the liberation movement has increased women's insecurities. He feels that women now expect more of themselves and find the discrepancy between their expectations and the social realities disconcerting. Their worries specifically about their orgasm level is intensified by male concern that their partners be orgasmic. The realization that the assertion of sexual needs may cause anxiety in men (Moulton, 1977) is also suggested as a potential inhibitor of orgasmic response. The feminist assertion that "my expectations are rising, I want good sex when I ball" is followed by the line "it is, therefore, not unsurprising that he ceases to uprise at all" (Peck, 1975, p. 52). That relationship concerns have been of great importance to women has been substantially documented (Hoffman, 1977; Lobitz & Lobitz, 1978). That this concern may act as an effective cognitive dissonance factor is discussed by Kelman (1974) and may be related to Kaplan's (1977) view of hypoactive sexual desire in women. Kaplan notes that an avowed lack of interest in sexuality in women seems to be related to an overvaluation of her partner and a generalized disinterest in seeking her own success and pleasure either

sexually or otherwise.

Conclusions

The literature suggests that orgasmic response in women has been associated up to a point with a more liberal sex-role status. Orgasmic response has increased as society appears to be changing their conception of the equality of women. This increase, however, may not appear without a lag of a generation or so. The association may also be confounded by a number of competing values such as the value placed on maintaining intimate relationships.

Assertion

Assertiveness is considered to be a complex construct involving many component behaviors (Eisler, Miller & Hersen, 1973; Gambrill & Richey, 1975). The distinction between aggressiveness which is defined as "characterized by or tending toward unprovoked offenses, attacks, invasions, or the like" (Random House Dictionary, 1967, p. 28) as compared to the act of asserting which is defined as "1. to state with assurance, confidence, or force; state strongly or positively; affirm; ... (and) 2. to maintain or defend (claims, rights, etc.) (Random House Dictionary, 1967, p. 91) is sometimes not clear in popular usage. The title of books such as Creative Aggression: The Art of Assertive Living (Bach & Goldberg, 1974) appears to equate the two behavior constructs. The distinction is, however, made quite clear in the clinical literature (Alberti & Emmons, 1970; Eisler, Miller & Hersen, 1973; Gambrill & Richey, 1975; Munjack & Oziel, 1978; Obler, 1973; Wolpe & Lazarus, 1966). While the emphasis in many investigations of assertive training has been on expressing hostile feelings and thoughts (Hersen, Eisler & Miller, 1973) many efforts have been initiated in emphasizing positive assertive skills (Gambrill & Richey, 1975; Lazarus, 1971). Wolpe and Lazarus (1966) maintain that assertive behavior includes all socially acceptable expressions of personal rights and feelings. In reviewing the verbal and non-verbal components of assertive behavior, Eisler, Miller and Hersen (1973) found that the commonly accepted components

of assertive behavior included (1) responding to interpersonal problems quickly and in a strong voice with marked intonation, (2) not automatically acceding to the demands of others and more often responding to a demand with a request for a behavior change on the part of the interpersonal partner.

If the attainment of orgasm as part of an interpersonal interaction can be considered an instance of self-gratification, then it may be considered one aspect of assertive behavior. That the attainment of orgasm as a part of the pleasure of human sexuality is an attainment that is often desired has been noted with some regularity (Berne, 1970; Fisher & Osofsky, 1967; Grant, 1972; Kaplan, 1974; Masters & Johnson, 1970; Lowen, 1965). If one compares Eisler, Miller and Hersen's (1973) components of assertive behavior with the behavior changes noted as desirable in sexual therapy (with suitable translation to communication appropriate to the circumstances), the association between the behaviors suggested as needed to increase the likelihood of orgasmic response in an interpersonal situation and assertive behaviors in other situations is suggested (Hogan, 1978; Kaplan, 1974; Kilmann, 1978; Lobitz & LoPiccolo, 1974; Masters & Johnson, 1970; McCarthy, 1977; Munjack & Oziel, 1978; Obler, 1973).

Two aspects of assertion that are differentiated are the skills or knowledge of appropriate behavior with which to assert either positive or negative feelings and the more subjective anxiety which may block the effective use of skills that may be within a person's repertoire. Both

the capacity for assertive response as well as the anxiety associated with expression of assertion are foci of this investigation and are measured separately by the Gambrill-Richey Assertion Inventory (1975).

Assertive Response

The question of whether assertive behavior tends to be a generalized behavior trait or whether it is specific to particular situations and interpersonal relationships is a significant issue. Specifically, the relationship between assertiveness as a general trait and sexual assertiveness as a specific assertive behavior has received little attention in the research literature surveyed. Lazarus (1971) reports a case study in which assertive training led to a resolution of sexual problems as well as aiding the client's interpersonal relations other than in the sexual sphere. Hersen, Eisler and Miller (1973) also report two other instances of the use of assertive training for specific sexual dysfunctions in which the effects of the assertion appeared to extend beyond the specific sexual interaction concerned.

A possible physiological relationship is suggested by Moore (1977) in reviewing the similar hormonal base for orgasmic response and aggressive response. Money and Tucker (1975) report research which seems to link increases in androgenic hormones to increases in both orgasmic release and in expression of assertions. This link between assertiveness and orgasmic response is also made in three studies conducted by Maslow, by DeMartino, and by Brackbill and Brackbill and reported by Fisher and

Osofsky (1967). These three investigators conclude that sexual responsiveness is greater in women who are ascendant and dominant than it is in women who are submissive. Their measures of sexual responsiveness were not limited to orgasmic responsiveness. Fisher and Osofsky (1967) address the issue of the association between orgasmic response and other self-gratification behaviors, the latter being possible examples of positive assertive behavior. They introduce their study by saying that "since sexual responsiveness concerns one mode of self-gratification for the individual, it would be interesting to determine what characterized her behavior with reference to self-gratification in some other modes" (Fisher & Osofsky, 1967, p. 217). They conclude from the correlations obtained between orgasm consistency and measures of pleasure obtained from food that "attainment of sexual satisfaction might be but one aspect of a generalized skill or ease in deriving pleasure from objects or persons in one's environment" (Fisher & Osofsky, 1967, p. 223). Kaplan (1977) also noted that many women with hypoactive sexual desire tend to avoid success and pleasure in other areas of life as well. Levay and Kagle (1977) reflect a similar view in aligning some sexual dysfunctions with overall deficiencies in identifying, experiencing, or enjoying pleasurable sensations.

More direct association between dysfunctions in sexual response and deficiencies in assertive behavior comes from clinical observations. Skill deficits in expressing emotions, initiating and refusing sexual contact and in making requests and giving suggestions without making their

partners feel defensive or angry have received substantial attention (Ellis, 1975; Hogan, 1978; Kaplan, 1974; Lobitz & LoPiccolo, 1974; McGovern, Stewart & LoPiccolo, 1975; Munjack & Oziel, 1978; Obler, 1973; Seagraves, 1976).

The possibility that the withholding of an orgasm may be an assertive rather than an unassertive act must also be considered. A non-orgasmic response has been suggested as a defensive reaction which may be either healthy or unhealthy (Berne, 1970; Kaplan, 1974). If attainment of orgasm is seen as an unwanted submission to a request or a demand by someone else the avoidance of orgasm could be an assertive and healthy response (Kaplan, 1974). If the withholding of orgasm is a manipulative action to avoid direct confrontation of a partner or to gain a position of power, then the act of not having an orgasm may be viewed as an aggressive rather than an assertive act. Cooper (1969) reports his research with non-orgasmic women as suggesting these women tend to be women who are angry with their husbands or with men in general. Cooper's findings are, however, inconsistent with the results of some other studies on women with primary orgasmic dysfunctions (Kilmann, 1978).

Conclusions

The research findings linking assertive behavior in sexual situations to assertion in other interpersonal situations is sparse but tentatively positive. The commonly accepted components of assertion appear to closely resemble the behavior toward which sexual dysfunction therapy

is sometimes directed. Hormonal therapy also suggests a small but positive link between orgasmic response and assertiveness. Greater assertiveness does not, however, necessarily mean greater orgasmic response if the withholding of orgasm is seen by a woman as either a manipulative and/or aggressive act or if the withholding of orgasm is seen as a self-protecting (and therefore assertive) act.

Discomfort with Assertion

The anxiety or subjective discomfort felt in anticipation of assertive behavior or felt during the process of acting assertively is believed to have relevance to that response (Gambrill & Richey, 1975; Wolpe & Lazarus, 1966). The possibility of an anxiety reaction "blocking" an assertive response through reciprocal inhibition or through negative reinforcement that has been paired with the assertive response have both been proposed (Hersen, Eisler & Miller, 1973) as bases of unassertiveness when a skill deficit is not apparent. Gambrill and Richey (1975) found that people coming for assertive training had the same assertive response probability scores as their norm groups but reported greater discomfort (or anxiety) scores than the norm group with their assertion. They hypothesize that if an assertive response repertoire exists in spite of high discomfort scores, greater assertiveness with decreased discomfort may result if the assertive response is followed by positive consequences.

In the case of assertion in a sexual interaction, assertive behavior on the part of a woman might well involve a variety of behaviors such as

initiating the sexual encounter, requesting specific stimulation, and refusing requests for behavior she is not ready to grant (Kaplan, 1974; Saynor & Durrell, 1975). If women are socialized to base their identity upon their relationships and tend to depend on the responses of others for their self-esteem (Bardwick, 1975; Caplan & Black, 1974; Chilman, 1974; Kaplan, 1974), the potential threat in obtaining a negative response to assertive behavior may create considerable anticipatory anxiety (Meichenbaum, 1979; McCarthy, 1977). Grant (1972) points to fear of punishment, fear of submission, and fear of being hurt as contributors to anxiety in women's sexual interactions.

Anxiety with assertive behavior that is directed at sexual self-gratification may also stem from internal conflicts. Despite the relative cultural permissiveness regarding sexuality in society now as compared to several decades ago, considerable guilt is still noted (Grant, 1972; Hunt, 1974; Janov, 1974; Kaplan, 1974). Moulton (1977) also suggests that anxiety stemming from the potential demonstration of "inadequacy" in orgasmic response may have increased with the advance of the feminist movement. The increased expectations a woman may have for herself bring with them the increased possibility of performance anxiety (DeMartino, 1974; Masters & Johnson, 1970; Stevenson & Wolpe, 1960).

The role of anxiety in sexual behavior in blocking an assertive response or of negatively reinforcing assertive behavior so far discussed may tend to decrease the prospects for sexual interaction and sexual

stimulation needed in order for orgasmic response. An additional role that anxiety arising from either assertion or any other source may play is that of inhibiting or interfering directly with the physiological process itself. Whether anxiety is involved in inhibiting the arousal/vasocongestive phase occuring prior to the orgasmic phase or involved with both the arousal and/or orgasmic phase is not yet clear (Hogan, 1978) but that it is a major factor in orgasmic dysfunctions is frequently noted (Bieber, 1974; Caplan & Black, 1974; Fisher, 1973; Goldstein, 1971; Grant, 1972; Hunt, 1974; Kaplan, 1974, 1977; Kraft & Al-Iisa, 1967; Martin, 1968; McCarthy, 1977; McGovern, et al. 1975; Munjack & Staples, 1976; Nemetz, Craig & Gunther, 1978; Masters & Johnson, 1970; Moulton, 1977; Paulson & Lin, 1970; Saynor & Durrell, 1975).

The treatment of orgasmic dysfunctions also appears to attest to the importance placed on anxiety in many clinical situations. A review of 12 anxiety-reducing techniques used in therapy on the rationale that "anxiety reduction is an initial prime task in sex therapy" (McCarthy, 1977, p. 243) includes a wide range of skill training, desensitization, modeling, and relaxation procedures.

This focus on anxiety may suggest that orgasmic concerns may be a symptom of a larger problem. The data on the psychological correlates of orgasm do not, however, show consistent associations with neurotic traits (Fisher, 1973; Morokoff, 1978). Munjack and Staples (1976) in their study compared subjects from a sex clinic, subjects from a walk-in

clinic and subjects from a university class on the MMPI, the IPAT (Institute for Personality and Ability Testing--Self-Evaluation Form), the Symptom Check List and the Eysenck Personality Inventory. No differences were found between the sex clinic patients and the normals on any profiles with the exception that the sex clinic patients were somewhat more depressed. Depression has elsewhere been noted to be characteristic of some women with sexual dysfunctions (Kaplan, 1974; Paulson & Lin, 1970) but may be a situational reaction rather than a relatively permanent state (Fisher, 1973).

Conclusions

Anxiety (or discomfort) within a sexual interaction is generally seen as an important contributor to orgasmic problems. Even though the relationship with the arousal and/or orgasmic phase is not clear, anxiety is frequently seen as a potential inhibitor of orgasm. The reduction of anxiety is often a primary initial focus of sex therapy.

Anxiety is also seen as a potential threat to successful assertive behavior. If anxiety is sufficient to block the expression of assertive responses or is closely paired with negative reinforcement given by the interpersonal partner in response to assertive behavior, there is a likelihood that there will be a decrease in the assertive responses attempted in the future. To the extent that assertive communication is needed to enhance the potential in a sexual interaction for orgasmic release, that potential appears threatened by increased anxiety with assertive behavior.

Fantasy

The association between the use of fantasy and orgasmic response in women was primarily suggested by the reported efficacy of the use of fantasy as a therapeutic tool to overcome an orgasmic and other sexual dysfunction. Only two experimental studies were found in the search for research data relating the use of fantasy to the degree of orgasmic response in women. The recent theoretical formulations of Jerome Singer (1966, 1974) and, to some extent, those of Sperry (1977) and Meichenbaum (1978), however, suggest that facility with imagery and the sensory modalities more likely to be used in imagery (or fantasy) than in the intellectual-verbal processes permits a greater contact with the raw data of feeling states and, consequently, is a means of becoming aware of and in tune with feeling states such as sexual arousal. This view of fantasy (or imagery) rejects the view of fantasy as a sickness of spirit which alienates the individual from nature and society and puts forward the view that fantasy is a skill available for the enhancement and enrichment of life (Tomkins, 1966).

Fantasy as a Therapeutic Technique

A distinction between fantasy and imagery is not always made in the literature. The two terms are often used synonymously (Flowers & Booraem, 1975; Wish, 1975). They are both used to describe any mental rehearsal of real or unreal events of a behavioral or affective nature (Meichenbaum, 1978; Singer, 1974). The term is consequently applied

to any imagery that occurs during a desensitization or reconditioning process. Since these processes are frequently used in behavior therapy with orgasmic dysfunctions, the usefulness of the practice of imagery appears to be well accepted (Flowers & Booraem, 1975; Kazdin, 1978; Mahoney & Arnkoff, in press; Saynor & Durrell, 1975; Wolpe & Lazarus, 1966; Wish, 1975; Zeiss, Rosen & Zeiss, 1978).

Wish (1975) bases his support for the use of imagery-based techniques in the treatment of sexual dysfunctions on the work of Wolpe and Lazarus (1966) as well as Bandura (1969) when he states that "covert events share many of the same properties known to exist for overt behavior and, therefore, by manipulating covert processes one can modify overt consequences" (p. 52). The therapeutic uses Wish applies to fantasy are thought stopping, covert conditioning, and the function of enhancing sexual arousal.

Flowers and Booraem (1975) suggest fantasy training is useful for three sexual dysfunctioning client groups; (a) those resisting behavioral interventions because of anxiety or on moral grounds, (b) those experiencing failure with initial therapeutic interventions, and (c) those failing to reach a desired level of arousal in sexual interactions. Saynor and Durrell (1975) suggest that fantasy may be used as to get thought processes away from daily concerns and into a sexual frame of mind.

Experimental Research on Fantasy Usage and Orgasm

The two studies found associating fantasy usage with orgasmic response attack the issue somewhat indirectly. Sizemore (1978) found that

women who are high in the use of obsession tend to have orgasmic difficulty unless their obsession involves erotic fantasy. Those using much erotic fantasy tended to have more orgasms. "Obsession" and "fantasy" appear in this context to be considered interchangeable constructs.

The study of Hariton and Singer (1974) is focused on the question of whether fantasies are used as a drive-reducing mechanism (in which case they would theoretically tend to reduce orgasmic response) or as either a cognitive skill that is used to enhance their experience or to escape the unpleasant reality of their experience or as an adaptive model used to enhance sexual arousal (which theoretically should be followed by greater orgasmic response) or as a personality-cognitive model where fantasy is used as a creative enrichment of all experiences but may not be specifically involved with enhancing and increasing orgasmic response. The results suggest that fantasy is frequently used both to enhance a positive sexual experience and to escape mentally from a dissatisfying experience. There was no association found, however, between orgasmic response and the amount of fantasy usage (Hariton & Singer, 1974).

Theoretical Formulation of Fantasy

The use of fantasy has historically been associated with a negative, unproductive way of dealing with life.

Freud's view that fantasy is used only by an unsatisfied person and never by a happy person may be indicative of this pervasive view (Hariton & Singer, 1974).

The view of coital fantasy as essentially negative or as a way of avoiding conscious involvement in the sexual act (Hollender, 1963) has been recently balanced by the view that fantasy may be a powerful cognitive, emotive, and behavioral tool for increasing control over sexual responses (Ellis, 1975; Singer, 1966, 1974). Meichenbaum (1978) argues that rehearsal (or imagery) leads to greater awareness of our covert reactions and that this deliberate attention given to monitoring thoughts, feelings, physiological reactions, and behavior is an important step in gaining control over one's reactions.

Singer (1966, 1974) has developed a formulation of the use of fantasy as an adaptive-cognitive behavior that has close ties with the retrieval of affective states. His position is summarized as follows:

1. Imagery via sensory modalities is one of several major coding systems that the brain has for organizing and storing experience. Imagery has special properties of being capable of parallel processing and providing particularly vivid re-enactment of previous events with the likely arousal of greater affect than the verbal coding system.

2. Imagery and fantasy processes are extensions of specific imagery in chained sequences which develop originally out of an accommodation-assimilation cycle.

3. An orientation towards awareness and attention to ongoing inner processes plays a key role in the degree to which such materials will be elaborated and reassimilated into other cognitive structures.

4. Because of a sharp drop in attention to private processes with age there is a tendency to not provide labels and therefore not to have a retrieval code available. This accounts for the fright that may accompany the process of becoming aware of inner processes.

5. Therapeutic reinforcement to attend to imagery may be necessary because of the threat it may hold. Control obtained with practice is also reinforcing. Imagery processes should with practice seem less strange and can be called into service at will.

6. The power of imagery in various behavior modification approaches has to do with the fact that the subject is being brought closer on the generalization curve to the events that are of concern to the therapeutic aim.

This formulation would seem to support the view that greater facility in the use of imagery or fantasy would tend to increase the possibility of attending to the sensory attributes of sexual stimulation. This facility may, however, not necessarily be appropriately discriminative in a sexual situation. If, for instance, fantasy increases attention to the arousal sensations, it may also increase attention to distracting sensations such as aversive body odors or previously suppressed guilt. If so, the expectation of increased focus on arousal sensations and increased orgasm may not necessarily follow from increased fantasy usage unless the fantasy is specifically connected with such an effect in an individual case.

Conclusions

Although the use of imagery and/or fantasy appears to be well esta-

blished as a part of some behavior modification techniques including some sexual dysfunction therapy, this may be as Meehl (Mahoney & Arnkoff, in press) suggests a case of the successful application of something that has not yet become a science. Possible distinctions between fantasy, imagery, and even obsessions do not appear clear in the research literature. The theoretical formulations of the use of imagery in cognitive behavior modification and the use of fantasy as cognitive adaptive skill are provocative but the relationship to orgasmic behavior is as yet uncertain. The two cases of research associating the use of fantasy with orgasmic response appear to support the relationship in one case but not in the other.

Cognitive Beliefs and Orgasmic Response

What the significance cognitive beliefs may have in affecting behavior is currently a matter of considerable scientific dispute -- a dispute which appears to be generating a good deal of research (Kazdin, 1978; Mahoney, 1974; Mahoney & Arnkoff, in press; Meichenbaum, 1979). While the results of the research have not been universally promising (Mahoney, 1974), it is interesting to note that the belief that a close connection exists between the beliefs people hold about sexual interactions and their actual sexual behavior appears in many clinical observations of sexual interactions (Caplan & Black, 1974; Kaplan, 1974, 1977; Lobitz & Lobitz, 1978;Masters & Johnson, 1970). Experimental work on the connection between beliefs and orgasmic response is rare.

Despite this lack of objective experimental evidence, nevertheless, treatment procedures are sometimes aimed directly at changing beliefs and correcting unrealistic expectations abound (Ellis, 1975; Kaplan, 1974; Lobitz & Lobitz, 1978; McCary, 1971; Masters & Johnson, 1970; Munjack & Cziel, 1978).

Clinical Observations

Clinical literature on orgasmic problems in women appears, in some instances, to emphasize the unrealistic expectations about their own and/or their partner's anatomic sexual functioning (Duddle, 1977; Hogan, 1978; Kaplan, 1974, 1977; Masters & Johnson, 1970; McCary, 1971). McCary's (1971) Sexual Myths and Fallacies contains an extensive list

of beliefs that are said to be encountered in both clinical as well as normal populations. Beliefs that becoming orgasmic will cause dramatic personality change (Munjack & Oziel, 1978), that learning to enjoy sex will lead to promiscuosness (Kaplan, 1974), or that urination is likely to occur if one allows orgasmic release (Hariton & Singer, 1974; McCary, 1971) are a few examples of these beliefs. The assertion that "... most sexual difficulties are related to unrealistic sexual expectations. These expectations negatively influence sexual performance and thus interfere with the general quality of the relationship" (Caplan & Black, 1974, p. 8), indicates a belief that a fairly straightforward relationship exists between unrealistic expectations and a dissatisfying sexual experience.

The current focus on orgasm as a right and as a symbol of equal status for women (Caplan & Black, 1974; Gebhard, 1978; Lydon, 1970; Moulton, 1977) may be another instance of self-defeating belief that has become prevalent during the last few decades.

The second emphasis in beliefs which may negatively affect sexual performance are those beliefs centering on the sexual interaction. Caplan and Black (1974) feel the beliefs problems here lie less with how a person views their own sexuality as how they feel they must relate their sexuality to another individual. Added to a woman's belief that she "should" be orgasmic is in this instance the belief that she will also upset her partner if she is not orgasmic (Caplan & Black, 1974). The

equation of love and sex has been noted (Bardwick, 1975; Elias & Elias, 1975; Hunt, 1974) with the resulting fear that "inadequate" sexual response may mean the destruction of a relationship.

The previous discussion on the anxiety felt in anticipation of or along with sexual assertion also focuses on the fears or concerns a woman may experience in attempting to communicate her desires to her partner in a sexual interaction. A recent letter in a local newspaper succinctly states "How can I tell him he could do a better job of satisfying me sexually ... I don't want to diminish his sense of manhood or make him feel inadequate" (D.T., 1980, p. C18). The responsibility for maintaining a nurturing role in relationships of an intimate nature seems to have a strong history (Hoffman, 1977).

Therapeutic Interventions

The therapeutic interventions considered useful frequently include either a correcting of beliefs through straightforward information giving (Ellis, 1975; Gambrill, 1977; Hogan, 1978; Kaplan, 1974; McCary, 1971; Munjack & Oziel, 1978) or through in vivo or other forms of desensitization experiences that are aimed at building a belief system as well as an experimental base for more satisfying sexual behavior.

Experimental Data

The objects of the clinical observations on unrealistic and/or sexual expectations noted above include both clinical as well as normal populations. There appears to be a dearth of hard evidence, however, on

whether the belief systems of people with sexual problems differs significantly from people without sexual problems. One might expect a somewhat different set of beliefs to hold for people who have arrived at a therapeutic setting due to a circumstance they have defined for themselves as a problem in need of special attention. Whether orgasmic response itself is closely associated with a particular belief system has not, as far as I have been able to determine, been studied other than in clinical settings.

Cognition and Behavior

Some theoretical and practical observations on the possible association between beliefs and orgasmic response by Mahoney (1974) will be briefly reviewed as relevant to the issue of the link between beliefs and orgasmic response and/or satisfaction with orgasmic response.

At the base of the formulation is a relativistic view of reality. Reality is a "constructed" reality; our observations of what is real is determined not only by what is "out there" but by the sieve of perceptions, memories, experiences, and feelings through which we interpret that "reality" to ourselves (Mahoney, 1974). A pervasive focus of virtually all definitions of belief is, moreover, a focus on the behavior resulting from a belief. The willingness to act upon a belief is essentially a final test of that belief.

Mahoney points out several salient features of beliefs which he believes must be taken into account if one is to investigate the relationship

between cognitive and motor activities. The initial dimension of belief that must be taken into account if one expects to be able to predict performance from that belief is its strength. Opinion surveys rarely obtain information on whether the stated beliefs are, in fact, put into action.

The second characteristic of beliefs which Mahoney accepts, but which is at variance with cognitive consistency theories, is that inconsistency among beliefs is more commonplace than is consistency. The acculturated value of rationality and consistency, Mahoney believes, has tended to make us wish to belive that people are more rational and consistent than they are irrational and inconsistent--but the wish may not be the reality.

Mahoney suggests there are a number of characteristics of beliefs which may be significant issues in assessing the potential association between belief and performance. The frequency with which one rehearses the belief--both internally and externally--may, for instance, be a significant determinant in whether the self-statement is a belief or something we say to ourselves but don't really believe. A second variable that may help to distinguish the two is logical justification. The more related beliefs one has to bring as supporting evidence for a belief, the more likely that belief will be strongly accepted. In addition, a self-generated belief rather than an imposed belief is more readily accepted. Mahoney warns here, however, that a time lag is likely to occur before a newly accepted belief filters down into action.

A further finding that is said to need consideration is that humans are confirming rather than disconfirming creatures. The instances of our experience that support our beliefs are more likely to be noted than those instances that do not confirm our belief. This selective attention appears to be enhanced by a proclivity for individuals to actively place themselves into situations or relationships where they are likely to receive confirming feedback.

A further characteristic which Mahoney discusses is the affective state invoked by a belief. A belief that "feels right" has a reinforcing contingency that increases the likelihood that it will remain a belief. The uncomfortable feeling that trying on a new belief or action brings must be overcome before one can expect the belief to be a belief rather than an attempt at a self-statement that failed to become a belief. Here, the perception of a supportive culture for a belief appears to influence the rate of belief modification.

Finally, the reciprocal relationship between action and belief must also be kept in mind. What we see ourselves doing influences what we think about ourself. This strong connection is not denied. However, Mahoney emphasizes that changes in belief appear to be related to changes in phemomena other than strictly behavioral events and these, he believes, will be usefully studied to sift out adequate "belief-behavior-environment combinations".

Conclusions

While there is a strong emphasis in both the clinical diagnostic literature on orgasmic problems as well as the literature on treatment procedures on the frequency of unrealistic or self-defeating beliefs, there appears to be little research that verifies this connection. The association between a set of beliefs and a reported behavioral measure of orgasmic response is consequently largely suggested by the clinical literature. The theoretical formulations of the cognitive behavior modification school appear to contribute to the expectation that such a relationship may be found.

CHAPTER III

Methodology and Design

Sample

The volunteers consisted of 36 mature (age 25 and over) women who were attending their first year at the University of Alberta and 27 women living at Michener Park, a married students residence at the University of Alberta. Acceptance as a participant was restricted to women who were married or living with a partner.

Volunteers from the mature students were obtained at an orientation session for mature students held on campus prior to the beginning of classes. A brief description of the study was presented to the group between orientation sessions. Of the approximately 45 women present, 36 volunteered as participants.

The 27 women living at Michener Park were either students or wives of students at the University of Alberta. They were recruited through a notice in the Michener Park Newsletter and through announcements made at fitness classes held at Michener Park. Anonymity was assured. Feedback on the combined results of the study was promised through a general announcement in the student newspaper and the residence newsletter.

Research Design

All the women were sent the questionnaire (see Appendix A) as well as a stamped envelope that had been self-addressed to the experimenter. No identifying information was requested.

Questionnaire

The questionnaire was composed of five parts. Sections I, II, III, and IV were measures of five variables, ie., measures of sex-role values, of assertive behavior, comfort with assertive behavior, of the use of fantasy, and of beliefs regarding sexual interaction. Section V consisted of self-report measures of sexual behavior and sexual satisfaction as well as an overall report of marital satisfaction. Demographic information was also requested here. Individual responses were invited with three open-ended questions at the end of this section.

Section I consists of two forms of the Maferr Inventory of Feminine Values: Form A, Woman's Self-Perception and Form C, Woman's Perception of Man's Ideal Woman (Steinmann & Fox, 1974). This inventory has been used to investigate women's values on a continuum ranging from an "other orientation" (including men, children, and the world in general) to a "self-orientation". Form C was relabelled to obtain the respondent's perception of her own partner's values rather than a "men-in-general" response. The items on Section I were not labelled in order to decrease the possibility of an attitude set that might occur to a questionnaire labelled "Feminine (of Femininist?) Values". Questions are

answered according to a Likert format from 1 to 5.

Section II consists of 34 items in the Gambrill-Richey Assertive Inventory (Gambrill, 1975). These items were given without being labelled "assertive". A feature of this assertive inventory is that it measures not only self-reported assertive behavior but also the discomfort associated with attempts at assertive behavior. It was reasoned that assertiveness in a sexual interaction may by itself not enhance the probability of orgasmic response if the assertive behavior is accompanied by a degree of discomfort or anxiety which might inhibit sexual arousal. Questions for both response probability and for degree of discomfort are answered on a scale of 1 to 5.

Section III includes parts of the Singer-Antrobus Imaginal Process Inventory used by Hariton and Singer (1974) in their normative study of women's fantasies during sexual behavior. Included were the 14 items found to be frequently used by women during sexual experience (Hariton & Singer, 1974). Also included were a number of fantasies which have been suggested (Singer, 1974) to be related to the use of fantasy as a "personality-cognitive style" and to the use of fantasy as an adaptive mechanism "to enhance enjoyment or to help people through sexual situations that are less than satisfactory" (Hariton & Singer, 1974, p. 319). These items are also answered on a scale of 1 to 5.

Section IV was composed by the experimenter of items suggested in the clinical literature as self-defeating beliefs which might tend to

decrease orgasmic response (Barbach, 1976; Kaplan, 1975; Masters & Johnson, 1970; McCary, 1971; Zilbergeld, 1978). Three practicing sexual dysfunction counselors independently judged these items. There was 100% agreement among the judges that all items were likely to be associated with difficulty in orgasmic response. Questions on this section were asked on a true--false format.

Section V consists of the sexual behavior variables. Self-reports of orgasmic rate and of satisfaction with that orgasmic level were asked as these occurred within a partner interaction (including coitus and/or other stimulation) as well as through masturbation. Factors such as marital satisfaction, age, and length of marriage or partnership, which have previously been found to be associated with sexual behavior in women (Gebhard, 1978; Hunt, 1974), were also asked. Influence of children was also requested. Three open-ended questions were asked to obtain a general impression of the response to this type of questionnaire and to obtain future research possibilities. The answers to these questions were not explicitly analyzed and are not recorded in this study in order to ensure protection of anonymity of the respondents.

Statistical Analysis

This study was undertaken to examine the association between a variety of attitudinal and behavioral variables to orgasmic response and satisfaction with orgasmic response. While some specific hypotheses were tested, the primary purpose of the study was exploratory.

An analysis of variance was used to determine whether women reporting high levels of orgasmic response or reporting high levels of satisfaction with their orgasmic response differ from women reporting low levels of orgasmic response or low levels of satisfaction with their orgasmic level in their self-reports of assertive behavior, discomfort with assertive behavior, sex-role values, beliefs about sexual interaction, and use of fantasy. The question asked with this analysis is whether women with high and with low orgasmic rates and/or satisfaction levels come from the same or different populations of women with respect to the dependent variables.

The definitions of low and high satisfaction levels were based on obtaining a score of either a 1 or a 2 for a "low" rating or a score of either a 4 or a 5 for a "high" rating. Frequency ratings of low and high orgasmic rates were based on whether an orgasm was reported to occur in 30% or less of the experiences (a "low" rating) or 70% or above of the experiences (a "high" rating). These cut off scores were chosen to make comparisons with other survey data.

The level of significance chosen for the analysis of variance was $p < .05$. Since there is some reason to anticipate the direction of association between the variables, a 1 tailed test was used.

Hypotheses

Hypothesis I. No significant difference will be observed between women with high and women with low reported coital orgasm rates and their mean scores on the following variables:

a) sex-role values

b) comfort with assertive behavior

c) assertive behavior

d) beliefs regarding sexual interactions

e) use of fantasy

Hypothesis II. No significant difference will be observed between women with high and women with low reported extra-coital orgasm rates and their mean scores on the following variables:

a) sex-role values

b) comfort with assertive behavior

c) assertive behavior

d) beliefs regarding sexual interactions

e) use of fantasy

Hypothesis III. No significant difference will be observed between women with high and women with low reported satisfaction with coital orgasm and the following variables:

a) sex-role values

b) comfort with assertive behavior

c) assertive behavior

d) beliefs regarding sexual interactions

e) use of fantasy

Hypothesis IV. No significant difference will be observed between women with high and women with low reported satisfaction with extra-coital orgasm and the following variables:

a) sex-role values

b) comfort with assertive behavior

c) assertive behavior

d) beliefs regarding sexual interactions

e) use of fantasy

CHAPTER IV

Results

A review of the results obtained on the separate sections of the questionnaire as well as the results of the analysis of variance on the formal hypotheses will follow. An analysis of variance was also carried out on groups with substantive reported differences in their satisfaction levels with their sexual and marital relationships and on groups differing in their masturbation practices. These results will be discussed as will the correlation data obtained.

Sample Characteristics

The sample was drawn from two populations. The larger proportion (36 out of 63) were volunteers from a group of mature women students attending university for the first time. The smaller proportion (27 out of 63) were drawn from women living in a university married students residence. The return rate for the questionnaire was 50 out of 63 or 79%. Of the 50 returned, three were eliminated because of unanswered items.

The average age of those returning questionnaires was 32, with a range of from 19.6 to 51.9 years. The mean length of marriage or partnership was eight years, with a range of from 2 months to 30 years. The number indicating they had no children living at home was 29%.

The data on several indices of sexual behavior in this sample allow comparisons to be made with other surveys. In this sample, 38% report reaching orgasm with coitus on 90 to 100% of coital occasions, 55% report a coital orgasm rate ranging from 75 to 100%, and 11% report never reaching orgasm. Masturbation is practiced by 62%. These figures may be compared with those of Kinsey (1953) who found 39 to 47% of his sample reach orgasm with coitus between 90 to 100% of the time and 10% never reached orgasm. Hunt (1974) found 53% reach orgasm during coitus "all or almost all the time", 40% reach orgasm 25 to 75% of the time, and 7% reach orgasm "none or almost none" of the time. Kinsey found 63% of college graduates had masturbated. A more recent survey (Hite, 1976) indicates the current number of women who masturbate may be close to 82%.

Results on Measures of Behavior Variables

The questionnaire is listed in Appendix A. The mean scores, standard deviations and frequencies and ranges are given in Appendix B. Although only total scores were used in the statistical analysis, a brief description of the results on the individual items is presented.

MAFERR Inventory of Feminine Values

A mean score of +17 was obtained by the sample on this Inventory. This is interpreted to indicate a fairly strong tendency towards self-oriented goals as opposed to family or husband oriented goals (Steinmann & Fox, 1979). This interpretation, however, must be viewed in light of

the trend away from the traditional view of women's roles. Steinmann and Fox (1979) have found the following shift in scores on this Inventory over the last 25 years: during the years from 1955-66 the average score was -1.83; during 1967-1973 the average score was +4.23; during 1973-76 the average score was +12.04. The +17 score obtained in 1980 appears consistent with this trend.

The questions receiving the strongest negative responses center around the valuation of marriage and family as taking precedence over personal goals. The respondents strongly disagree with statements suggesting that women should get married even if a man does not measure up to her hopes, or that single women need personal success while married women need only the success of her husband, or that a woman's place is in the home. They also disagree with statements indicating that marriage and children should come first in a woman's life and that making a marriage work is primarily the woman's task. Strong feelings are also apparent on issues such as the necessity of being given equal rights and freedoms, of having one's opinions viewed as equally important to one's husband, and of the importance of having interests and goals outside the home. There is agreement by many respondents, however, that "a woman has a conflict in what she has to do as a woman and what she wishes to do for herself".

Because of the frequency of unanswered items on the section of this Inventory requesting women to estimate their partner's view, a discrepancy

score within the partnership was not attainable. Only the self-report of personal values was consequently used in the analysis of variance on the formal hypothesis.

Gambrill-Richey Assertion Inventory

Section II of the questionnaire is composed of two aspects of assertive responsiveness--that of a subjective rating of discomfort with one's assertive responses and that of an estimate of the probability of making an assertive response in a variety of interpersonal situations. The total score on each section was used as a separate variable.

The average discomfort score for women in the norm groups on the Assertion Inventory (Gambrill, 1975) ran from 94.67 to 96.35. The mean for the sample used in this investigation is 95.2. The highest average amount of discomfort was recorded for items having to do with making requests of others and items involving criticizing others or accepting criticism from others. Least discomfort was expressed on items involving complimenting a friend or intimate.

The assertive response scores for this sample were also very similar to those of the norm groups reported for this Inventory. Gambrill (1975) reports norm groups scores running from 102.68 to 106.2. The mean for the sample used in this study is 103.0. A review of the items indicates that the highest response probability is reported on items involving complimenting a friend, apologizing when at fault, accepting an invitation and resisting pressure--whether this be pressure to buy a pro-

duct, to drink, or to respond to sexual overtures. The lowest response probability is reported on items involving making a request for a raise, and turning down a request to borrow money or listen to a talkative friend.

Fantasy Scale

The mean score on the Erotic Fantasy Scale, a subscale of the Singer-Antrolus Imaginal Processes Inventory (Hariton & Singer, 1974), for this sample was similarly close to that found by Hariton and Singer (1974) in their study of women's fantasies during coitus. Hariton and Singer found a mean score which was 10.6 points above the lowest possible score. A total score 10.2 points above the lowest possible score was obtained in this sample. Also comparable to Hariton and Singer's findings were the results indicating that the two most common fantasies during a sexual experience are fantasies involving thoughts of an imaginary lover and fantasies involving the reliving of a previous sexual experience. Although there is a wide variation in the nature of fantasies, there is a fairly common agreement expressed on the enjoyment of fantasy. There is also a somewhat greater inclination to use fantasy as an enhancement to arouse or "put myself in the mood for sex" than there is to overcome feelings of boredom or anger with their partners.

Beliefs

The beliefs judged to be associated with a lack of orgasmic response by a panel of experts composed the fifth variable on the question-

naire. These will be called "self-defeating beliefs" for ease of further discussion.

Out of 21 self-defeating beliefs, the average number of those accepted was 8.6 with a range of acceptance from a low of 2 to a high of 17. Of the 47 women sampled, the largest number (43) accept the belief that "sex should be spontaneous and natural" with sixth place given to a similar idea that "sex should only occur when both people feel spontaneously in the mood". The belief that masturbation is not likely to be engaged in as often when a woman's partner is a satisfying lover is the second most popular belief. The beliefs that gained wide acceptance (placing 3rd, 4th and 5th in frequency) revolved around anticipated interpersonal difficulties stemming from refusing a request for a sexual response. Initiation of sex and self-stimulation during lovemaking were felt to be threatening to a male by 11 and 22 respondents respectively. Of the 47 respondents, 16 report they find "males tend to be uninterested in much foreplay before starting intercourse". Only one belief--that masturbation is unnatural--was accepted by no one.

Question nine was eliminated from the analysis. It is a double question and was noted as difficult to answer by a number of respondents.

The results suggest that the mythology of sexuality may create difficulties for a sexual arousal reponse in a number of ways. The belief that sex should just happen spontaneously, ie., without effort, appears widespread. However, if sexual arousal does not happen spon-

taneously, women may be caught in a bind of either judging themselves or being judged sexually unresponsive or, alternately, assertively initiating sexually stimulating behavior. If that initiation or assertion is viewed as being threatening to their partners, however, there is then a risk involved in taking such an initiative. Weighing the prospects of jeopardizing a relationship against the prospects of increasing an orgasmic response would appear to present women with these views a dilemma with no easy solution.

Open-ended Questions

Three open-ended questions were asked at the end of the questionnaire. The first two questions were aimed at illiciting ideas about factors not covered by the questionnaire that the respondents felt were associated with their sexual satisfaction. The third question was aimed at obtaining general reactions to this kind of research and more specifically an idea of the extent of involvement and attitude with which the respondent answered the questions. The responses to these questions are being summarized to avoid publication of possible identifying information.

Question 20. What further thoughts or behaviors either within women themselves or within their partnerships do you feel tend to enhance or detract from a woman's sexual satisfaction? Please comment.

The responses here vary considerably from one respondent to another. Themes similar to cultural sexual myths were stated in some cases. The notions that women were caught up in the idea that sexual

pleasure is mainly for men, that women are expected to be passive, and that guilt and inhibition are still present, were presented as being problems to sexual satisfaction. Too much emphasis on orgasm and intercourse and not enough on courting and lovemaking were also mentioned repeatedly. Liking oneself and one's body were also suggested as necessary components to sexual satisfaction. Openness of communication and respect were suggested as enhancing satisfaction. Stress and anger were mentioned as detractors.

Question 21. Has your sexual responsiveness varied much during different parts of your adult life? Please comment.

A frequently mentioned event associated with change was pregnancy. Other than that event, it would be difficult to identify the responses as being associated with specific events. Some women reported an increase in sexual satisfaction over time, some reported a decrease. Some reported dramatic changes with different partners, some reported changes coinciding with changes in their partner's perceived interest and pleasure, and some reported changes that deviated from the changes perceived in their partners. Further analysis of these responses as they may be associated with the rest of the questionnaire may be useful but were beyond the scope of this study.

Question 22. What have been your main reactions to this questionnaire? Please comment.

The responses here seemed to indicate a high rate of interest in the study. The main body of negative responses revolved around the

difficulties in answering forced choice questions, such as the lack of an appropriate category for a particular question for a particular respondent. Column B on Section I of the questionnaire appeared to involve the largest amount of response uncertainty and was consequently eliminated from this study. A sizable number also commented that the questionnaire was "well thought out", "clear", and "easy to answer". Only one respondent indicated the questionnaire was "too conservative" in it's sampling of sexual behavior. A number of respondents commented on how interesting the study was and how pleased they were to be involved in this type of research. Several women also commented on the usefulness of the questionnaire to them. Statements to the effect that the experience of answering the questionnaire had been "self-enlightening" or "made me face reality" suggests a fair amount of interest and involvement in experience. Two women suggested it was an "intimate" subject but did not suggest reluctance to respond on that account.

Analysis of Variance Results

Hypothesis I. No significant difference will be observed between women with high and women with low reported coital rates and their mean scores on the following variables:

a) sex-role values
b) assertive behavior
c) comfort with assertive behavior
d) beliefs regarding sexual interactions
e) use of fantasy

Table 1

ANOVA Results on High and Low Coital Orgasm Rate Groups

	Sex-role Values	Discomfort with Assertion	Assertive Response	Fantasy	Beliefs
Low N=13	M=16.69 SD=8.67	M=99.46 SD=24.41	M=107.31 SD=15.60	M=108.46 SD=17.76	M=9.30 SD=4.17
Coital Orgasm Rate	F=.067 P=.797	F=2.28 P=.138	F=.179 P=.674	F=.003 P=.957	F=1.43 P=.238
High N=29	M=17.48 SD=9.34	M=89.59 SD=17.10	M=104.79 SD=19.30	M=109.85 SD=13.51	M=7.83 SD=3.48

The results of the analysis of variance listed in Table 1 indicate that the null hypothesis cannot be rejected. The data does not support the contention that women with high coital orgasm rates differ significantly from women with low coital orgasmic rates on the measured dimensions of sex-role values, discomfort with assertion, assertive response probability, use of fantasy, or the beliefs measured concerning sexual interactions.

Hypothesis II. No significant difference will be observed between women with high and women with low reported extra-coital orgasmic rates and their mean scores on the following variables:

a) sex-role values
b) assertive behavior
c) comfort with assertive behavior
d) beliefs regarding sexual interactions
e) use of fantasy

Table 2

ANOVA Results on High and Low Extra-coital Orgasm Rate Groups

	Sex-role Values	Discomfort with Assertion	Assertive Response	Fantasy	Beliefs
Low N=20	M=18. 0 SD=10.37	M=98.55 SD=26.05	M=110.40 SD=24.29	M=109.85 SD=13.51	M=9.00 SD=3.48
Extra-coital orgasm rate	F=.002 P=.968	F=2.471 P=.124	F=2.261 P=.140	F=.491 P=.488	F=.64 P=.428
High N=22	M=18.09 SD=7.08	M=88.09 SD=16.42	M=101.4 SD=12.56	M=106.77 SD=14.83	M=8.14 SD=3.51

The analysis of variance results listed in Table 2 indicate the null hypothesis cannot be rejected. Women with high rates of extra-coital orgasm do not appear to come from a population different from women with low rates of extra-coital orgasm in terms of sex-role values, discomfort with assertion, assertive response probability, use of fantasy, or the beliefs measured concerning sexual interactions.

Hypothesis III. No significant difference will be observed between women with high and women with low reported satisfaction with coital orgasm and the following variables:

a) sex-role values
b) assertive behavior
c) comfort with assertive behavior
d) beliefs regarding sexual interactions
e) use of fantasy

Table 3

ANOVA Results on High and Low Satisfaction with Coital Orgasm Rate Groups

	Sex-role Values	Discomfort with Assertion	Assertive Response	Fantasy	Beliefs
Low N=8	M=18.25 SD=10.36	M=95.75 SD=27.91	M=103.75 SD=23.03	M=103.25 SD=15.55	M=10.62 SD=3.29
Satisfaction with coital orgasm rate	F=.049 P=.826	F=.193 P=.663	F=.051 P=.822	F= .37 P=.249	F=2.867 P=.099
High N=31	M=17.42 SD=9.23	M=91.87 SD=20.74	M=105.58 SD=19.76	M=109.64 SD=13.31	M=8.16 SD=3.75

The results of the analysis of variance listed in Table 3 indicate that the null hypothesis cannot be rejected. The obtained F ratio of 2.867 on the measured beliefs does indicate some difference may exist between women with low coital orgasmic satisfaction compared with women with high satisfaction with their coital orgasm rate with respect to their beliefs regarding sexual interactions but it is not a statistically significant difference at the .05 level of confidence.

Hypothesis IV. No significant difference will be observed between women with high and women with low reported satisfaction with extra-coital orgasm and the following variables:

a) sex-role values
b) assertive behavior
c) comfort with assertive behavior
d) beliefs regarding sexual interactions
e) use of fantasy

Table 4

ANOVA Results on High and Low Satisfaction with Extra-Coital Orgasm Rate Groups

	Sex-Role Values	Discomfort with Assertion	Assertive Response	Fantasy	Beliefs
Low N=11	M=20.18 SD=10.22	M=101.09 SD=31.55	M=112.36 SD=32.24	M=112.82 SD=14.05	M=10.68 SD=3.64
Satisfaction with extra-coital orgasm rate	F=.915 P=.345	F=1.75 P=.194	F=1.82 P=.185	F=.489 P=.489	F=6.22* P=.017
High N=27	M=17.29 SD=7.63	M=90.09 SD=16.14	M=102.82 SD=11.93	M=109.48 SD=13.06	M=7.63 SD=3.26

The analysis of variance results indicate that the null hypothesis is rejected on the basis of one variable which has an F value of 6.22. This exceeded an F value of 4.11 needed to demonstrate a significant difference at the .05 level. The difference shown here reflects the fact that women who express dissatisfaction with their rate of extra-coital orgasm are likely to hold a greater number of self-defeating beliefs regarding sexual interactions than women who express satisfaction with their extra-coital orgasm rate. No statistically significant differences were found on the other four variables.

Summary of Findings on Formal Hypotheses

The null hypotheses failed to be rejected in all cases except one, that one being Hypothesis IV. In other words, with one exception, there

was no statistically significant evidence found to support the contention that women who report low orgasmic rates and/or low satisfaction levels with their orgasmic rates differ from women who report high orgasmic rates or satisfaction levels on the measures of sex-role values, discomfort with assertion, assertive response probability, use of fantasy, or measured beliefs regarding sexual interactions. There was, however, a statistically significant difference found between women reporting high and women reporting low levels of satisfaction with their extra-coital orgasm rate and their beliefs. Women with a low level of satisfaction tend to endorse more self-defeating beliefs ($\bar{x}$ = 10.63) than did women with a high level of satisfaction ($\bar{x}$ = 7.63). There is a similar trend towards a higher proportion of these beliefs being accepted by women with low coital orgasmic levels and by women who report dissatisfaction with their level of coital orgasm. These differences do not, however, reach statistical significance at the .05 level of confidence. The frequency with which the sample as a whole subscribed to each belief measured is given in Appendix B.

It may also be noted in Tables 1 and 2 that while the differences do not reach the prescribed significance level, there is a trend for women with low orgasmic rates to score consistently higher on their reported discomfort with assertion than women with high orgasmic rates. There is a similar trend towards a higher level of assertive behavior for women reporting high extra-coital orgasm rates and high satisfaction

with those rates.

Other Findings

With the moderately high relationships cited between marital, sexual, and orgasmic satisfaction (Fisher, 1973; Gebhard, 1978; Grant, 1972, Singer & Singer, 1978), it was decided to run an analysis of variance contrasting groups of women expressing high satisfaction and women expressing satisfaction with their overall sexual and marital relationships on the same behavior variables of sex-role values, discomfort with assertion, assertive response probability, use of fantasy, and belief systems to determine whether these more general areas of satisfaction or dissatisfaction were any more closely related to the behavior variables tested than were the more specific orgasmic rates.

Table 5

ANOVA Results on High and on Low Marital and Sexual Satisfaction Groups

	Sex-role Values	Discomfort with Assertion	Assertive Response	Fantasy	Beliefs
Low N=12	M=14.58 SD=11.81	M=94.25 SD=24.51	M=102.58 SD=15.42	M=103.50 SD=15.45	M=10.25 SD=4.33
Marital Satisfaction	F=1.564 P=.218	F=.06 P=.800	F=.32 P=.574	F=2.247 P=.141	F=5.165* P=.028
High N=33	M=18.39 SD=7.86	M=92.45 SD=19.54	M=106.15 SD=19.68	M=110.57 SD=13.47	M=7.61 SD=3.09
Low N=14	M=15.71 SD=10.58	M=103.78 SD=28.01	M=110.14 SD=18.58	M=106.50 SD=16.74	M=10.07 SD=3.79
Sexual Satisfaction	F=.465 P=.499	F=4.79* P=.035	F=.68 P=.413	F=.727 P=.399	F=4.69* P=.037
High N=25	M=17.76 SD=7.98	M=88.44 SD=15.96	M=104.80 SD=19.74	M=110.60 SD=12.95	M=7.40 SD=3.64

Table 5 provides the results of this analysis. The results indicate that the trend noted earlier for more discomfort with assertion to be associated with coital and extra-coital orgasm measures becomes a statistically significant difference for women with low as compared to women with high levels of general sexual satisfaction. Women expressing low satisfaction with their sexual relationships are likely to be significantly

more uncomfortable with attempts at assertion. The trend towards a lower level of assertive response level noted for low orgasmic women is also seen for women with low overall sexual satisfaction but it is slight.

It is also of interest to note that the difference found in the number of self-defeating beliefs accepted by the low as contrasted to the high extra-coitally satisfied women is also found to exist for the low and high groups in both sexual and marital satisfaction. In each case the women reporting low levels of satisfaction with their marital and/or sexual relationships are likely to hold more self-defeating beliefs regarding sexual interactions than women who expressed a high level of satisfaction with their sexual and/or marital relationships.

The question of how important orgasm is as a component of sexual and/or marital satisfaction was not addressed specifically as the focus of this study. However, in view of the trends noted between orgasmic rates and satisfaction levels, correlations were obtained between the sexual and marital behavior variables. Table 6 presents the correlations. While correlations with an N of 47 are of limited significance, they may be of some values in suggesting further research.

Briefly, the correlations between coital orgasm rate and overall sexual satisfaction ($r = .36$) and between coital orgasm rate and marital satisfaction ($r = .29$) suggests coital orgasm is not as much the central issue in overall satisfaction with the sexual and/or marital relationship

Table 6

Correlations Between Major Variables

	ITOT	IIOTOT	IIIETOT	IIITOT	IVTOT	V1	V2	V3	V4	V5	V6	V7	V8	V9	V10	V11	V15	V16	V19
ITOT	---																		
IIOTOT	-.15	---																	
IIETOT	-.07	.41	---																
IIITOT	-.06	.25	.23	---															
IVTOT	.02	.19	.25	.04	---														
V1	.20	-.08	.00	.23	-.37	---													
V2	.08	-.22	-.12	.21	-.38	.72	---												
V3	-.14	-.13	-.11	.01	-.37	.41	.63	---											
V4	-.24	-.09	-.16	.05	-.46	.33	.54	.58	---										
V5	.07	-.21	-.05	-.03	-.18	.29	.36	.33	.12	---									
V6	.02	.01	-.03	.17	-.19	.20	.41	.28	.21	.74	---								
V7	-.08	-.12	-.14	-.14	-.11	.21	.46	.63	.33	.22	.23	---							
V8	.03	-.26	-.14	.07	-.37	.47	.74	.52	.46	.45	.54	.50	---						
V9	-.02	-.23	-.22	-.07	-.13	.29	.44	.20	.08	.28	.34	.33	.53	---					
V10	-.03	-.19	-.16	.00	-.30	.43	.57	.33	.38	.34	.46	.39	.68	.77	---				
V11	.31	-.03	-.12	-.11	.16	-.02	-.14	.21	-.24	.07	-.11	.31	.05	-.06	-.18	---			
V15	.12	-.07	-.08	.01	.40	-.44	-.28	-.42	-.09	-.32	-.31	-.27	-.20	-.19	-.30	-.01	---		
V16	.16	-.03	-.01	-.14	.36	-.31	-.29	-.34	-.10	-.24	-.28	-.28	-.26	-.17	-.34	-.01	.85	---	
V19	-.14	.02	.16	.07	-.16	.22	.11	.06	.05	-.05	-.18	-.18	-.21	-.09	-.03	-.18	-.37	-.32	---

r > .25
p= < .05

r > .33
p < .01

r > .43
p < .001

Table 6

(Key)

ITOT - Sex-role values (High + score = self-oriented)

IIOTOT - Discomfort with assertion (High = greater discomfort)

IIETOT - Assertive response probability (Low = greater assertive response probability)

IIITOT - Fantasy (Low = greater fantasy usage)

IVTOT - Beliefs (High = more self-defeating beliefs)

V1 - Marital satisfaction

V2 - Sexual satisfaction

V3 - Coital frequency

V4 - Coital frequency satisfaction

V5 - Coital orgasm rate

V6 - Coital orgasm satisfaction

V7 - Extra-coital frequency

V8 - Extra-coital frequency satisfaction

V9 - Extra-coital orgasm rate

V10 - Extra-coital orgasm satisfaction

V11 - Masturbation

V15 - Age

V16 - Marriage length

V19 - Influence of children

as is sometimes suggested. However, overall sexual satisfaction does correlate .74 with the frequency of extra-coital experience, suggesting that the amount of sexual stimulation other than coitus itself has a moderately high association with overall sexual satisfaction. It may also be noted that overall sexual satisfaction correlates .74 with overall marital satisfaction.

An analysis of variance was also run to contrast masturbators and non-masturbators. This is not central to this investigation but is of some interest because of the finding that a significant difference in the use of fantasy was noted between those who do and those who don't masturbate. Masturbators report a statistically significant greater use of fantasy than do non-masturbators.

Table 7

ANOVA Results on Masturbators versus Non-masturbators

	Sex-role Values	Discomfort with Assertion	Assertive Response	Fantasy	Beliefs
Non-masturbators N=18	M=15.72 SD=8.92	M=99.78 SD=22.88	M=108.44 SD=13.73	M=116.39 SD=11.44	M=8.44 SD=3.50
	F=.100 P=.323	F=2.60 P=.11	F=.678 P=.41	F=9.966* P=.0028	F=.015 P=.902
Masturbators N=29	M=18.41 SD=8.99	M=89.72 SD=19.59	M=103.86 SD=20.93	M=104.31 SD=13.48	M=8.32 SD=3.65

Table 7 presents the results obtained. It should be noted that the

F ratio of 9.966 on fantasy usage demonstrates a significant difference between masturbators and non-masturbators. The higher rate of fantasy usage in the case of masturbators is an interesting finding but is, again, not the focus of this investigation. However, the clinical use of fantasy or imagery as a method of focusing attention on physical sensations suggests that fantasy may be used by masturbators for this purpose.

The greater use of fantasy by masturbators may also be related to Singer's (1974) view of fantasy as being part of a cognitive style which tends to be used by people inclined to enrich or enhance their experiences. One may view the pleasures of masturbation as a form of enrichment or self-gratification that non-masturbators exclude from their lives. As such, a tendency to seek enrichment through masturbation and through fantasy may be related.

CHAPTER V

Conclusions

This investigation was focused on orgasm as one index of sexual satisfaction within a relationship which may be the source of concern for some women as well as a concern for their partners. As a counseling problem, the association between this concern and other behavior characteristics of the woman and/or other characteristics of her relationship with her partner may have a significant bearing on the assessment and treatment of the problem.

The specific associations investigated were the relationships between orgasmic rate and/or satisfaction with orgasmic rate and a number of behavior variables suggested in the clinical literature. These variables included sex-role values, assertive behavior, discomfort with assertion, use of fantasy, and beliefs about sexual interactions. It was hypothesized that greater self-orientation in sex-role values, more assertion, less anxiety (or discomfort) with assertion, greater use of fantasy, and fewer self-defeating beliefs would be associated with a higher reported rate of orgasm and a greater satisfaction with that orgasm rate.

The results of this investigation do not however support the

contention that women with high levels of orgasmic response and/or high levels of satisfaction with their orgasmic rates differ significantly from women with low levels of orgasmic response and/or low levels of satisfaction with their orgasmic response on measures of sex-role orientation, use of fantasy, assertive behavior or discomfort with assertive behavior except in one instance. A significant difference was found on the number of self-defeating beliefs to which women with high and women with low levels of satisfaction with their rates of extra-coital orgasm subscribe. This difference was also found to distinguish between women reporting high and women reporting low levels of satisfaction with their overall sexual and marital relationships.

The potential of cognitive beliefs to maintain anxiety (Saynor & Durrell, 1975) which may negatively (or positively) influence performance (Caplan & Black, 1974) has received considerable emphasis in recent literature on cognitive behavior (Mahoney, 1978; Meichenbaum, 1978). It is clear from inventories such as the Maferr Inventory of Feminine Values that women are viewing themselves as having rights and privileges on an equal basis with their partners. They view themselves as justifiably putting their own interests and goals ahead of those more clearly associated with spouse and family to a much greater extent than was true several decades ago. Despite these values or beliefs, however, there is also evidence to suggest that they believe that the assertion of these self-oriented goals within their marital and/or

sexual relationships may produce undesirable consequences.

The conclusion of many women is that "a woman has a conflict in what she has to do as a woman and what she wishes to do for herself". The potential discomfort in attempts at asserting her own views and her own goals is not surprising in view of the beliefs held which express both unrealistic expectations of her own physiological reactions as well as possible negative reactions on the part of her partner if she takes more initiative in making requests and in criticizing her partner's behavior. While there may be many other factors involved, there is in these reactions a possible relationship to the comparative lower rate of orgasm for women in many male/female interactions. That secondary orgasmic dysfunctions are often seen as complex relationship problems is not surprising.

An issue for further exploration would appear to be the reality base of the beliefs expressed and of the fears which are at the base of the discomfort reported in assertive efforts. This study has touched on the reported beliefs of women, and their reactions to their own assertive attempts particularly in close relationships. Some relationship between these beliefs and their sexual responses has been demonstrated. This study has, however, <u>not</u> dealt with their partner's views. Whether women's beliefs have a sound basis in the reactions of their partnerships or are belief systems maintained on the basis of cultural myths, etc. but not validated within a partnership is a question needing

further exploration.

The limitations of a specific self-report attitude scale to reliably predict behavior such as assertion, anxiety with assertion, or even orgasmic response is questionable. That as much of a trend has been noted on such general self-report measures suggests further exploration may be productive. The results of the Maferr research on both men and women's expressed sex-role values indicates that even when men express the same views as women concerning the desirability of women having equality in their marriages, women do not believe men are expressing their real feelings. If this is the case in marriage relationships in general, it may also be the case specifically in sexual encounters. Again, the basis of the beliefs and of the discomfort with the assertion as stemming from internal or external sources (or possibly both) remains an intriguing issue. The transitional aspect of male/female roles in today's society makes the measurement of such attitudes, which may well be in an ambiguous formative stage, a difficult matter.

Generalizations of the results of this investigation to a clinical population must consider the difference in the cognitive labelling and behavior that has brought a person to seek therapeutic intervention. It is clear that some women with low rates of orgasmic response do not find this a source of dissatisfaction. The relationship between "extra-coital frequency" (petting or lovemaking outside of intercourse) and reported satisfaction with their sexual relationships is greater than is

the relationship of coital orgasmic rate to satisfaction with sexual relationship. When one considers the possibility that the primary motivation for therapy may come from a male partner who is concerned about the lack of his partner's sexual response, the implications for examination of relationship aspects of the problem are multiple. Although there is strong agreement on the part of women in this investigation to the statement that "I want to achieve a creative and sensual sex life", what the substance of a creative and sensual sex life is for women may be a very complex matter.

Suggestions for Further Research

Measures of all behavior variables in this investigation are based on self-report and consequently do not have the reliability or validity of behavior that has been verified or measured by means of a number of independent procedures. A multi-faceted approach to the measure of each of the behavior variables discussed would lend credence to the associations or lack of associations found. Reliability over time would also be advisable.

A determination of the reality base of women's beliefs concerning her partner's reactions would help determine the source and potential strength of those beliefs. Both the verbally expressed cognitive views of men as well as the non-verbal communication of these views would appear to be necessary.

A broader sampling of women with the inclusion of the male

partner characteristics would extend and, perhaps, clarify further associations. The possibility of sexual concerns on the part of the male partner would also need to be considered as a potential contributing or confounding factor.

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APPENDIX A

Questionnaire

This study is an investigation of some of the attitudes and behavior that may be associated with the degree of sexual satisfaction women feel. Your answers will be completely confidential, there is no need for you to identify yourself.

Please answer these questions in private and mail your questionnaire to R. Delehanty in the self addressed envelope.

Try and answer every question. If there are questions that you can't answer or don't wish to answer, omit them.

If on reading the questionnaire you choose not to participate in the study, please return the incompleted questionnaire.

Feel free to make any comments or explanations on the back of the questionnaire.

Thank you for your cooperation. I greatly appreciate your assistance.

SECTION I

Read the statements listed below carefully and think how you personally would answer each statement. Then, in Column A indicate the extent to which you agree or disagree with each statement by entering the appropriate number in the proper space. Use the following scale:

1 - strongly agree
2 - agree
3 - no opinion or not sure
4 - disagree
5 - strongly disagree

In Column B indicate how you think your husband or partner would like his ideal woman to respond.

	COLUMN A (What you think) sa a ns d sd	COLUMN B (Partner's ideal woman) sa a ns d sd	For Office Use Only Card 1
1. An ambitious and responsible husband does not like his wife to work.	1 2 3 4 5	1 2 3 4 5	5 - 6
2. I usually pay no attention to other people's feelings.	1 2 3 4 5	1 2 3 4 5	7 - 8
3. A woman who works cannot possibly be as good a mother as the one who stays home.	1 2 3 4 5	1 2 3 4 5	9 - 10
4. I would like to do something that everybody knows is important.	1 2 3 4 5	1 2 3 4 5	11 - 12
5. I try to do what I think people want me to do.	1 2 3 4 5	1 2 3 4 5	13 - 14
6. A woman has a conflict in what she has to do as a woman and what she wishes to do for herself.	1 2 3 4 5	1 2 3 4 5	15 - 16
7. A woman should get married even if the man does not measure up to all her hopes.	1 2 3 4 5	1 2 3 4 5	17 - 18
8. I sometimes feel that I must do everything myself, that I can accept nothing from others.	1 2 3 4 5	1 2 3 4 5	19 - 20
9. The needs of a family come before a woman's personal ambitions.	1 2 3 4 5	1 2 3 4 5	21 - 22

	COLUMN A (What you think) sa a ns d sd	COLUMN B (Partner's ideal woman) sa a ns d sd	For Office Use Only Card 1
10. I am not sure that the joys of motherhood make up for the sacrifices.	1 2 3 4 5	1 2 3 4 5	23 - 24
11. I like listening to people better than talking.	1 2 3 4 5	1 2 3 4 5	25 - 26
12. I argue with people who try to give me orders.	1 2 3 4 5	1 2 3 4 5	27 - 28
13. Marriage and children should come first in a woman's life.	1 2 3 4 5	1 2 3 4 5	29 - 30
14. When I am with a group of people, I usually become the leader.	1 2 3 4 5	1 2 3 4 5	31 - 32
15. I worry about what people think of me.	1 2 3 4 5	1 2 3 4 5	33 - 34
16. I express my ideas strongly.	1 2 3 4 5	1 2 3 4 5	35 - 36
17. Single women need personal success, but all a married woman needs is her husband's success.	1 2 3 4 5	1 2 3 4 5	37 - 38
18. I would not get married if I had to give up what I really believe in order to get along with another person.	1 2 3 4 5	1 2 3 4 5	39 - 40
19. It is up to the woman to make a marriage work.	1 2 3 4 5	1 2 3 4 5	41 - 42
20. A working mother can get along as well with her children as can a mother who stays at home.	1 2 3 4 5	1 2 3 4 5	43 - 44
21. The greatest help a wife can give her husband is to encourage his progress.	1 2 3 4 5	1 2 3 4 5	45 - 46
22. It is unfair that women have to give up more than men in order to have a good marriage.	1 2 3 4 5	1 2 3 4 5	47 - 48

	COLUMN A (What you think) sa a ns d sd	COLUMN B (Partner's ideal woman) sa a ns d sd	For Office Use Only Card 1
23. I can put myself in the background and work hard for a person I admire.	1 2 3 4 5	1 2 3 4 5	49 - 50
24. A wife's opinion should be as important as the husband's opinion.	1 2 3 4 5	1 2 3 4 5	51 - 52
25. My main interest is to raise normal, well-behaved children.	1 2 3 4 5	1 2 3 4 5	53 - 54
26. How I develop as a person is more important to me than what others think of me.	1 2 3 4 5	1 2 3 4 5	55 - 56
27. If we disagree, I would give in to my husband more often than I would expect him to give in to me.	1 2 3 4 5	1 2 3 4 5	57 - 58
28. The greatest satisfactions in life come from what you do youself.	1 2 3 4 5	1 2 3 4 5	59 - 60
29. I would like to marry a man whom I could really look up to.	1 2 3 4 5	1 2 3 4 5	61 - 62
30. A woman should have interests outside the home.	1 2 3 4 5	1 2 3 4 5	63 - 64
31. I am sure that what a woman gains from marriage makes up for sacrifices.	1 2 3 4 5	1 2 3 4 5	65 - 66
32. Modern mothers should bring up their boys and girls to believe in absolute equal rights and freedoms for both sexes.	1 2 3 4 5	1 2 3 4 5	67 - 68
33. A woman's place is in the home.	1 2 3 4 5	1 2 3 4 5	69 - 70
34. I would rather be famous, admired, and popular throughout the nation than have the constant affection of just one man.	1 2 3 4 5	1 2 3 4 5	71 - 72

SECTION II

Many people experience difficulty in handling interpersonal situations such as turning down a request, asking a favor, giving someone a compliment, expressing disapproval or approval, etc. Please indicate your degree of discomfort or anxiety in the space provided before each situation listed below. Utilize the following scale to indicate degree of discomfort:

1 - none
2 - a little
3 - a fair amount
4 - much
5 - very much

Then, go over the list a second time and indicate after each item the probability or likelihood of your displaying the behavior if actually presented with the situation. For example, if you rarely apologize when you are at fault, you would make a "4" after that item. Utilize the following scale to indicate how often you would respond this way:

1 - always do it
2 - usually do it
3 - do it about half the time
4 - rarely do it
5 - never do it

Note: It is important to cover your discomfort ratings (located in front of the items) while indicating response probability. Otherwise, one rating may influence the other and an accurate assessment of your behavior is unlikely. To correct for this, place a piece of paper over your discomfort ratings while responding to the situations a second time for response probability.

Degree of Discomfort		Response Probability	For Office Use Only Card 2
_____	1. Turn down a request to borrow your car.	_____	5 - 6
_____	2. Compliment a friend.	_____	7 - 8
_____	3. Ask a favor of someone.	_____	9 - 10
_____	4. Resist sales pressure.	_____	11 - 12
_____	5. Apologize when you are at fault.	_____	13 - 14
_____	6. Turn down a request for a meeting or date.	_____	15 - 16
_____	7. Admit fear and request consideration.	_____	17 - 18
_____	8. Tell a person you are intimately involved with when he/she says or does something that bothers you.	_____	19 - 20

Degree of Discomfort	Situation	Response Probability	For Office Use Only Card 2
_____	9. Ask for a raise.	_____	21 - 22
_____	10. Admit ignorance in some area.	_____	23 - 24
_____	11. Turn down a request to borrow money.	_____	25 - 26
_____	12. Ask personal questions.	_____	27 - 28
_____	13. Turn off a talkative friend.	_____	29 - 30
_____	14. Ask for constructive criticism.	_____	31 - 32
_____	15. Initiate a conversation with a stranger.	_____	33 - 34
_____	16. Compliment a person you are romantically involved with or interested in.	_____	35 - 36
_____	17. Request a meeting or a date with a person.	_____	37 - 38
_____	18. Your initial request for a meeting is turned down and you ask the person again at a later time.	_____	39 - 40
_____	19. Admit confusion about a point under discussion and ask for clarification.	_____	41 - 42
_____	20. Apply for a job.	_____	43 - 44
_____	21. Ask whether you have offended someone.	_____	45 - 46
_____	22. Tell someone that you like them	_____	47 - 48
_____	23. Request expected service when such is not forthcoming, eg. in a restaurant.	_____	49 - 50
_____	24. Discuss openly with the person his/her criticism of your behavior.	_____	51 - 52
_____	25. Return defective items, eg. store or restaurant.	_____	53 - 54
_____	26. Express an opinion that differs from that of the person you are talking to.	_____	55 - 56
_____	27. Resist sexual overtures when you are not interested.	_____	57 - 58

Degree of Discomfort	Situation	Response Probability	For Office Use Only
			Card 2
_____	28. Tell the person when you feel he/she has done something that is unfair to you.	_____	59 - 60
_____	29. Accept a date.	_____	61 - 62
_____	30. Tell someone good news about yourself.	_____	63 - 64
_____	31. Resist pressure to drink.	_____	65 - 66
_____	32. Resist a significant person's unfair demand.	_____	67 - 68
_____	33. Quit a job.	_____	69 - 70
_____	34. Resist pressure to "turn on".	_____	71 - 72
_____	35. Discuss openly with the person his/her criticism of your work.	_____	73 - 74
_____	36. Request the return of borrowed items.	_____	75 - 76
_____	37. Receive compliments	_____	77 - 78
_____	38. Continue to converse with someone who disagrees with you.	_____	79 - 80
			Card 3
_____	39. Tell a friend or someone with whom you work when he/she says or does something that bothers you.	_____	5 - 6
_____	40. Ask a person who is annoying you in a public situation to stop.	_____	7 - 8

SECTION III

The following are statements about the use of imagination or fantasy (about real or unreal events) prior to or during a sexual experience. A question should be answered according to the following scale:

1 - Always
2 - Usually
3 - Do it about half the time
4 - Rarely
5 - Never

	A	U	H/T	R	N	For Office Use Only Card 4
1. I enjoy fantasy for its own sake.	1	2	3	4	5	5
2. I automatically fantasize during sex.	1	2	3	4	5	6
3. I fantasize to put myself in the mood for sex when I am not ready.	1	2	3	4	5	7
4. Fantasy is part of the pleasure I get from having sex with my husband.	1	2	3	4	5	8
5. I think that I have fantasies because I am tired of my husband.	1	2	3	4	5	9
6. I want to achieve a creative and sensual sex life.	1	2	3	4	5	10
7. My fantasies are a substitute for having an affair with another man.	1	2	3	4	5	11
8. Fantasy is part of my regular sex routine like kissing and petting.	1	2	3	4	5	12
9. My fantasies during sex make me feel detached from my husband.	1	2	3	4	5	13
10. I have some favorite fantasies that arouse me during intercourse.	1	2	3	4	5	14
11. I fantasize to overcome temporary feelings of boredom or anger toward my husband that might interfere with sexual pleasure.	1	2	3	4	5	15
12. The themes of my fantasies reflect movies, books, etc.	1	2	3	4	5	16
13. Thoughts of an imaginary romantic lover enter my mind.	1	2	3	4	5	17

Respond to the following statements as they occur to you <u>during</u> a sexual experience.

1 - Always
2 - Usually
3 - Do it about half the time
4 - Rarely
5 - Never

	A U H/T R N	For Office Use Only Card 4
14. I relive a previous sexual experience.	1 2 3 4 5	18
15. I enjoy pretending that I am doing something wicked or forbidden.	1 2 3 4 5	19
16. I imagine that I am being overpowered or forced to surrender.	1 2 3 4 5	20
17. I am in a different place like a car, motel, beach, woods, etc.	1 2 3 4 5	21
18. I imagine myself delighting many men.	1 2 3 4 5	22
19. I pretend that I struggle and resist before being aroused to surrender.	1 2 3 4 5	23
20. I imagine that I am observing myself or others having sex.	1 2 3 4 5	24
21. I pretend that I am another irresistably sexy female.	1 2 3 4 5	25
22. I daydream that I am being made love to by more than one man at a time.	1 2 3 4 5	26
23. My thoughts center about feelings of weakness or helplessness.	1 2 3 4 5	27
24. I see myself as a striptease dancer, harem girl, or other performer.	1 2 3 4 5	28
25. I pretend that I am a whore or a prostitute.	1 2 3 4 5	29
26. I imagine that I am forced to expose my body to a seducer.	1 2 3 4 5	30
27. My fantasies center around urination or defacation.	1 2 3 4 5	31

SECTION IV

Following are statements that require your opinion as to whether the statement is mainly True or False.

	True	False	For Office Use Only Card 5
1. Intercourse should be started soon after the male has an erection.	T	F	5
2. A satisfactory lovemaking session should end up in intercourse.	T	F	6
3. Faking an orgasm is probably a good idea in terms of making the experience a satisfying one for your partner.	T	F	7
4. A man's physiological need for sex is about the same as a woman's.	T	F	8
5. Becoming highly desirous of sex may create problems for a woman in restricting herself to her partner for gratification of her desires.	T	F	9
6. Masturbation is unnatural.	T	F	10
7. If a woman refuses intercourse more than rarely she is likely to find her partner looking for another woman with whom to satisfy his sexual needs.	T	F	11
8. Prolonging lovemaking by temporarily terminating intercourse can be quite satisfying for both partners.	T	F	12
9. Masturbation is a second choice to intercourse and is also somewhat degrading to a male.	T	F	13
10. Most women would not feel hurt if they wanted to make love but their partner did not.	T	F	14
11. Sex should only occur when both people feel spontaneously in the mood.	T	F	15
12. Males tend to be uncomfortable if women self-stimulate their clitoris during lovemaking.	T	F	16
13. It is unnatural for a healthy male to refrain from intercourse once sexually aroused (except under unusual circumstances such as a vow of celibacy).	T	F	17

	True	False	For Office Use Only Card 5
14. Rejection of intercourse in an intimate relationship is usually interpreted by a male as a cooling of interest or affection on the woman's part.	T	F	18
15. It is difficult for a male to learn to prolong his erection and to delay ejaculation.	T	F	19
16. A woman's expression of sexual desire and initiation of sex is unlikely to be threatening to her partner.	T	F	20
17. Males tend to be uninterested in much foreplay before starting intercourse.	T	F	21
18. Masturbation is not likely to be engaged in as often when a woman's partner is a satisfying lover.	T	F	22
19. Reaching orgasm can result in urination during the sexual act.	T	F	23
20. It is not unfair to engage in foreplay and then refuse intercourse when your partner is sexually aroused.	T	F	24
21. Sex should be spontaneous and natural.	T	F	25
22. There is a need for explicit talk about what is sexually stimulating even with a partner who is a sensitive lover.	T	F	26

SECTION V

The following questions should be answered with the best estimate you can make.

For Office Use Only
Card 6

1. How would you rate your general level of satisfaction with your marriage or partnership? 5
   1. Extremely unsatisfied.
   2. Quite unsatisfied.
   3. Acceptable.
   4. Quite satisfied.
   5. Extremely satisfied.

2. How would you rate your general level of satisfaction with your sexual relationship with your husband/partner? 6
   1. Extremely unsatisfied.
   2. Quite unsatisfied.
   3. Acceptable.
   4. Quite satisfied.
   5. Extremely satisfied.

3. How frequently do you engage in intercourse per month? _____ 7

4. How satisfied are you with this frequency of intercourse? 8
   1. Extremely unsatisfied.
   2. Quite unsatisfied.
   3. Acceptable.
   4. Quite satisfied.
   5. Extremely satisfied.

5. What percentage of the occasions that you engage in intercourse do you have an orgasm? 9

   _____

6. How satisfied are you with the frequency of orgasm during intercourse reported in response to Question 5. 10
   1. Extremely unsatisfied.
   2. Quite unsatisfied.
   3. Acceptable.
   4. Quite satisfied.
   5. Extremely satisfied.

7. How frequently (per month) do you engage in manual, oral, or other forms of sexual stimulation (excluding intercourse itself) as a part of lovemaking with your partner? 11

   _____

For Office Use Only
Card 6

8. How satisfied are you with the frequency of sexual stimulation exclusive of intercourse itself reported in Question 7? 12

1. Extremely unsatisfied.
2. Quite unsatisfied.
3. Acceptable.
4. Quite satisfied.
5. Extremely satisfied.

9. What percentage of the occasions on which you are engaged in forms of sexual stimulation other than intercourse do you have orgasm? 13

_____

10. How satisfied are you with the frequency of orgasm reported in Question 9? 14

1. Extremely unsatisfied.
2. Quite unsatisfied.
3. Acceptable.
4. Quite satisfied.
5. Extremely satisfied.

11. How frequently per month do you self-stimulate (masturbate) to obtain orgasm by yourself? 15

_____

12. How satisfied are you with the frequency of your own self-stimulation (masturbation)? 16

1. Extremely unsatisfied.
2. Quite unsatisfied.
3. Acceptable.
4. Quite satisfied.
5. Extremely satisfied.

13. What percentage of the occasions on which you attempt to self-stimulate (masturbate) to orgasm do you in fact have an orgasm? 17

_____

14. How satisfied are you with the orgasm frequency through self-stimulation reported in response to Question 13? 18

1. Extremely unsatisfied.
2. Quite unsatisfied.
3. Acceptable.
4. Quite satisfied.
5. Extremely satisfied.

15. What is your age? Years _____ Months _____ 19

16. If married, how long have you been married? Years _____ 20

Months _____

For Office Use Only
Card 6

17. If unmarried, how long have you been living with your partner? 21

Years _____ Months _____

18. Is your partnership a heterosexual or homosexual relationship? 22

Heterosexual _____ Homosexual _____

19. Do your children pose any difficulty or embarrassment in your sexual relations with your partner? 23

1. None.
2. A little.
3. A fair amount.
4. Much.
5. Very Much.
6. Not applicable. (no children)

20. What further thoughts or behaviors either within women themselves or within their partnerships do you feel tend to enhance or detract from a woman's sexual satisfaction? Please comment. 24

21. Has your sexual responsiveness varied much during different parts of your adult life? Please comment. 25

22. What have been your main reactions to this questionnaire? Please comment. 26

Anyone wishing information on the combined results of this study may watch the Michener Park Newsletter or Gateway the last week in February for an announcement of a preliminary report.

APPENDIX B

Itemized Results of Questionnaire Responses

Individual Item Analysis

Section I - MAFERR Inventory of Feminine Values

Odd #'s 59.6
- Even #'s 42.1
Mean 17.5 Standard Deviation = 8.97

1. M=4.404 SD=0.771
2. M=4.574 SD=0.651
3. M=3.915 SD=1.100
4. M=2.660 SD=1.166
5. M=3.191 SD=1.154
6. M=2.340 SD=1.323
7. M=4.766 SD=0.598
8. M=3.213 SD=1.350
9. M=3.021 SD=1.170
10. M=3.319 SD=1.353
11. M=3.106 SD=1.026
12. M=2.723 SD=1.228
13. M=4.234 SD=0.698
14. M=3.191 SD=1.096
15. M=2.404 SD=1.136
16. M=2.298 SD=0.976
17. M=4.702 SD=0.858
18. M=1.553 SD=0.855
19. M=4.255 SD=1.073
20. M=1.766 SD=1.047
21. M=2.553 SD=1.119
22. M=2.383 SD=1.134
23. M=2.426 SD=1.016
24. M=1.191 SD=0.398
25. M=3.404 SD=1.056
26. M=1.915 SD=0.974
27. M=3.766 SD=0.960
28. M=2.021 SD=1.151
29. M=2.191 SD=1.154
30. M=1.255 SD=0.488
31. M=2.638 SD=1.169
32. M=1.511 SD=0.831
33. M=4.511 SD=0.621
34. M=4.191 SD=0.947

Section II - Gambrill-Richey Assertive Inventory

Part 1: Discomfort with Assertion Mean = 95.2
Standard Deviation = 21.13

1.	M=2.638	SD=1.072	21.	M=2.851	SD=1.302
2.	M=3.319	SD=1.144	22.	M=3.468	SD=0.997
3.	M=1.106	SD=0.375	23.	M=2.894	SD=1.068
4.	M=1.915	SD=0.830	24.	M=3.298	SD=0.907
5.	M=2.681	SD=1.181	25.	M=3.085	SD=1.195
6.	M=3.170	SD=0.963	26.	M=3.596	SD=0.742
7.	M=2.085	SD=1.176	27.	M=2.468	SD=1.316
8.	M=1.894	SD=0.938	28.	M=2.745	SD=1.073
9.	M=2.106	SD=1.068	29.	M=2.191	SD=1.227
10.	M=1.915	SD=0.905	30.	M=2.957	SD=1.021
11.	M=2.511	SD=1.140	31.	M=1.426	SD=0.801
12.	M=3.234	SD=0.937	32.	M=2.043	SD=1.083
13.	M=2.681	SD=1.253	33.	M=2.255	SD=1.276
14.	M=3.000	SD=1.180	34.	M=2.830	SD=1.185
15.	M=2.957	SD=1.268	35.	M=2.479	SD=1.406
16.	M-2.681	SD=1.163	36.	M=3.043	SD=1.268
17.	M=3.319	SD=1.218	37.	M=2.128	SD=1.055
18.	M=3.681	SD=1.218	38.	M=2.255	SD=1.113
19.	M=2.170	SD=1.167	39.	M=2.596	SD=1.155
20.	M=2.290	SD=0.907	40.	M=2.191	SD=1.173

Section II - Gambrill-Richey Assertion Inventory

Part 2: Assertive Response Probability Mean = 105.6
Standard Deviation = 18.47

41.	M=2.426 SD=1.058	61.	M=1.511 SD=0.882
42.	M=2.362 SD=0.987	62.	M=1.915 SD=1.039
43.	M=1.915 SD=1.120	63.	M=2.447 SD=1.080
44.	M=2.468 SD=1.139	64.	M=2.511 SD=1.040
45.	M=2.340 SD=1.185	65.	M=2.745 SD=1.242
46.	M=2.574 SD=1.264	66.	M=3.277 SD=1.192
47.	M=2.894 SD=1.165	67.	M=2.340 SD=1.290
48.	M=2.872 SD=1.115	68.	M=2.234 SD=1.068
49.	M=2.064 SD=1.111	69.	M=2.617 SD=1.012
50.	M=2.234 SD=1.088	70.	M=2.723 SD=1.136
51.	M=1.957 SD=1.062	71.	M=2.574 SD=1.247
52.	M=2.298 SD=0.976	72.	M=2.511 SD=1.140
53.	M=2.302 SD=1.169	73.	M=2.362 SD=1.092
54.	M=1.936 SD=0.965	74.	M=2.106 SD=0.914
55.	M=2.809 SD=1.076	75.	M=2.234 SD=1.108
56.	M=2.766 SD=1.108	76.	M=2.340 SD=0.915
57.	M=1.511 SD=0.804	77.	M=3.149 SD=1.142
58.	M=2.362 SD=1.031	78.	M=3.149 SD=0.908
59.	M=1.894 SD=1.188	79.	M=3.100 SD=1.255
60.	M=2.128 SD=0.900	80.	M=3.319 SD=1.125

Section III - Fantasies (From Singer-Antrolus Imaginal Processes Inventory)

Mean = 108.93 Standard Deviation = 13.94

1. M=2.298 SD=1.428
2. M=3.723 SD=1.097
3. M=3.660 SD=0.962
4. M=3.851 SD=1.103
5. M=4.340 SD=1.238
6. M=1.872 SD=1.115
7. M=4.021 SD=1.391
8. M=3.872 SD=1.172
9. M=4.191 SD=1.096
10. M=3.851 SD=1.285
11. M=4.191 SD=1.191
12. M=3.894 SD=1.238
13. M=3.681 SD=1.337
14. M=4.085 SD=1.120
15. M=4.106 SD=0.914
16. M=4.128 SD=0.947
17. M=4.255 SD=0.820
18. M=4.383 SD=0.677
19. M=4.213 SD=0.931
20. M=4.149 SD=0.932
21. M=4.489 SD=0.856
22. M=4.447 SD=0.717
23. M=4.298 SD=0.931
24. M=4.596 SD=0.712
25. M=4.851 SD=0.416
26. M=4.511 SD=0.748
27. M=4.979 SD=0.146

Section IV - Beliefs (Circled items are those judged to be "self-defeating beliefs")

Frequencies of True and False responses given to each item are given.

Mean # of "self-defeating" beliefs = 8.36 Standard Deviation = 3.55

1. (T) - 6 F - 41
2. (T) - 22 F - 25
3. (T) - 16 F - 31
4. T - 28 (F) - 19
5. (T) - 2 F - 35
6. (T) - 0 F - 47
7. (T) - 16 F - 31
8. T - 32 (F) - 15
9. (Eliminated - double question)
10. T - 15 F - 32
11. (T) - 23 F - 24
12. (T) - 22 F - 25
13. (T) - 9 F - 38
14. (T) - 25 F - 19
15. (T) - 21 F - 26
16. T - 36 (F) - 11
17. (T) - 16 F - 31
18. (T) - 33 F - 14
19. (T) - 9 F - 38
20. T - 18 (F) - 29
21. (T) - 45 F - 2
22. T - 38 (F) - 9

SECTION V - Items on sexual behavior and demographic data.

The following questions should be answered with the best estimate you can make.

1. How would you rate your general level of satisfaction with your marriage or partnership?

M=3.66
SD=1.40

1. Extremely unsatisfied. 6
2. Quite unsatisfied. 6
3. Acceptable. 3
4. Quite satisfied. 17
5. Extremely satisfied. 16

2. How would you rate your general level of satisfaction with your sexual relationship with your husband/partner?

M=3.34
SD=1.35

1. Extremely unsatisfied. 6
2. Quite unsatisfied. 8
3. Acceptable. 8
4. Quite satisfied. 14
5. Extremely satisfied. 11

3. How frequently do you engage in intercourse per month? _____

Mean = 9.4
Median = 7.9
SD = 7.27

4. How satisfied are you with this frequency of intercourse?

M=3.27
SD=1.31

1. Extremely unsatisfied. 8
2. Quite unsatisfied. 2
3. Acceptable. 12
4. Quite satisfied. 16
5. Extremely satisfied. 8

5. What percentage of the occasions that you engage in intercourse do you have an orgasm?

Mean = 64.4
Median = 83.0
SD = 38.1

_____

6. How satisfied are you with the frequency of orgasm during intercourse reported in response to Question 5?

M=3.27
SD=1.31

1. Extremely unsatisfied. 5
2. Quite unsatisfied. 3
3. Acceptable. 8
4. Quite satisfied. 13
5. Extremely satisfied. 18

7. How frequently (per month) do you engage in manual, oral, or other forms of sexual stimulation (excluding intercourse itself) as a part of lovemaking with your partner?

Mean = 5.5
Median = 3.8
SD = 5.5

_____

8. How satisfied are you with the frequency of sexual stimulation exclusive of intercourse itself reported in Question 7?

M=3.32
SD=1.38

1. Extremely unsatisfied. 4
2. Quite unsatisfied. 9
3. Acceptable. 12
4. Quite satisfied. 12
5. Extremely satisfied. 10

9. What percentage of the occasions on which you are engaged in forms of sexual stimulation other than intercourse do you have orgasm?

M=50.18
SD=43.93

_____

10. How satisfied are you with the frequency of orgasm reported in Question 9?

M=3.53
SD=1.38

1. Extremely unsatisfied. 6
2. Quite unsatisfied. 5
3. Acceptable. 9
4. Quite satisfied. 12
5. Extremely satisfied. 15

11. How frequently per month do you self-stimulate (masturbate) to obtain orgasm by yourself?

18 non-masturbators
29 masturbators

_____

12.* How satisfied are you with the frequency of your own self-stimulation (masturbation)?

1. Extremely unsatisfied.
2. Quite unsatisfied.
3. Acceptable.
4. Quite satisfied.
5. Extremely satisfied.

*Items 12 to 14 eliminated. Items are N/A for non-masturbators. Masturbators are likely to be orgasmic and to be satisfied with rate and frequency.

13.* What percentage of the occasions on which you attempt to self-stimulate (masturbate) to orgasm do you in fact have an orgasm?

_____

14. How satisfied are you with the orgasm frequency through self-stimulation reported in response to Question 13?

1. Extremely unsatisfied.
2. Quite unsatisfied.
3. Acceptable.
4. Quite satisfied.
5. Extremely satisfied.

15. What is your age? Years _____ Months _____

M=32 years
Range 19.6 to 51.9

16. If married, how long have you been married? Years _____

M=8.2
Range - 2 months to 30 years Months _____

17. If unmarried, how long have you been living with your partner?

Only 3 respondents here - grouped with married. Years _____ Months _____

18. Is your partnership a heterosexual or homosexual relationship?

Heterosexual 47 Homosexual _____

19. Do your children pose any difficulty or embarrassment in your sexual relations with your partner?

1. None 15
2. A little. 15
3. A fair amount. 2
4. Much.
5. Very Much.
6. Not applicable. (no children) 14

20. What further thoughts or behaviors either within women themselves or within their partnerships do you feel tend to enhance or detract from a woman's sexual satisfaction? Please comment.

Summarized in Chapter IV

21. Has your sexual responsiveness varied much during different parts of your adult life? Please comment.

Summarized in Chapter IV

22. What have been your main reactions to this questionnaire? Please comment.

Summarized in Chapter IV